1 2	Research Article
- 3 4	Running Head: Impact of ULV spraying on Aedes aegypti.
4 5	Corresponding Author:
6	Amy C. Morrison, Ph.D.
7	Scientific Coordinator
8	
	NAMRU-6 Iquitos Laboratory Clinica Naval
9	
10	Ave. La Marina c/Calle Trujillo
11 12	Punchana, Peru Phone: 51-65-601470 x107
13	Fax: 51-65-601472
14	Department of Entomology
15	University of California
16	Davis, CA 95616
17	Phone: 530-752-0565
18	Fax : 530-752-1537
19	Email: amy.aegypti@gmail.com
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23	Efficacy of <i>Aedes aegypti</i> control by indoor Ultra Low Volume (ULV) insecticide spraying
24	in Iquitos, Peru
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27	$CI : C : LK : LCI : LKI : A \leftarrow 2 C : LVKK = 2 E : LEI = 1/3$
28	Christian Gunning ¹ , Kenichi Okamoto ¹ , Helvio Astete ² , Gissella M. Vasquez ² , Erik Erhardt ³ ,
29	Clara Del Aguila ⁴ , Raul Pinedo ⁴ , Roldan Cardenas ⁴ , Carlos Pacheco ⁴ , Enrique Chalco ⁴ , Hugo
30	Rodriguez-Ferruci ⁵ , Thomas W. Scott ⁶ , Alun L. Lloyd ⁷ , Fred Gould ¹ and Amy C. Morrison ^{2,6}
31	
32	¹ Department of Entomology, North Carolina State University, Raleigh, North Carolina, USA.
33	² Naval Medical Research Unit No. 6, 3230 Lima Pl., Washington DC 20521-3230, Lima and
34	Iquitos, Peru. ³ Department of Mathematics and Statistics, University of New Mexico,
35	Albuquerque, NM, USA. ⁴ Department of Environmental Sanitation, Peruvian Ministry of Health,
36	Iquitos, Peru ⁵ Loreto Regional Health Directorate, Iquitos, Peru. ⁶ Department of Entomology and
37	Nematology, University of California, Davis. One Shields Ave., Davis, CA 95616, USA.
38	⁷ Biomathematics Graduate Program and Department of Mathematics, North Carolina State
39	University, Raleigh, North Carolina, USA.
40	
41	

44 ABSTRACT 285 words

45 Background

- 46 *Aedes aegypti* is a primary vector of dengue, chikungunya, Zika, and urban yellow fever viruses.
- 47 Indoor, ultra low volume (ULV) space spraying with pyrethroid insecticides is the main
- 48 approach used for *Ae. aegypti* emergency control in many countries. Given the widespread use of
- 49 this method, the lack of large-scale experiments or detailed evaluations of municipal spray
- 50 programs is problematic.

51 Methodology/Principal Findings

- 52 Two experimental evaluations of non-residual, indoor ULV pyrethroid spraying were conducted
- 53 in Iquitos, Peru. In each, a central sprayed sector was surrounded by an unsprayed buffer sector.
- 54 In 2013, spray and buffer sectors included 398 and 765 houses, respectively. Spraying reduced
- the mean number of adults captured per house by ~83 percent relative to the pre-spray baseline
- survey. In the 2014 experiment, sprayed and buffer sectors included 1,117 and 1,049 houses,
- respectively. Here, the sprayed sector's number of adults per house was reduced ~64 percent
- relative to baseline. Parity surveys in the sprayed sector during the 2014 spray period indicated
- an increase in the proportion of very young females. We also evaluated impacts of a 2014
- 60 citywide spray program by the local Ministry of Health, which reduced adult populations by ~60
- 61 percent. In all cases, adult densities returned to near-baseline levels within one month.

62 Conclusions/Significance

- 63 Our results demonstrate that densities of adult *Ae. aegypti* can be reduced by experimental and
- 64 municipal spraying programs. The finding that adult densities return to approximately pre-spray
- densities in less than a month is similar to results from previous, smaller scale experiments. Our
- results demonstrate that ULV spraying is best viewed as having a short-term entomological
- effect. The epidemiological impact of ULV spraying will need evaluation in future trials that
- 68 measure capacity of insecticide spraying to reduce disease transmission.
- 69 70

71 AUTHOR SUMMARY—196 words

72 Aedes aegypti is a primary vector for medically important viruses that typically resides within 73 houses. Indoor, ultra low volume (ULV) adulticide space spraying is considered to be more 74 effective in controlling Ae. aegypti populations than outdoor spraying, and is widely used in 75 tropical cities. Given the widespread use of indoor ULV spraying in emergencies by municipal 76 control programs, the lack of large spatial scale evaluations is problematic. We conducted two 77 large-scale experiments to evaluate indoor ULV pyrethroid spraying in the city of Iquitos, Peru 78 in 2013 and 2014, and we also evaluated a municipal spraying effort. Our results demonstrate 79 that densities of adults can be reduced by ULV spraying, but that adult densities in sprayed areas 80 return to approximately pre-spray densities in less than a month. These findings agree with 81 results from previous, smaller scale experiments, and confirm that ULV spraying should be

- viewed as having a short-term impact on *Ae. aegypti* populations. We provide extensive detail
- regarding our experimental design and data collection so that our results can assist in establishing
- 84 best practices for future assessments of ULV spraying efforts, as well as aid in testing predictions
- 85 of mathematical models of *Ae. aegypti* population dynamics.
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89 INTRODUCTION

90	Aedes aegypti is a primary vector for dengue (DENV), chikungunya (CHIKV), Zika
91	(ZIKV) and urban yellow fever viruses (YFV). Dengue has become the most important human
92	arthropod-borne viral infection worldwide (Brady et al. 2012, Bhatt et al. 2013). Each of these
93	pathogens can be associated with explosive epidemics, where high disease incidence and public
94	fear combine to overwhelm health systems (Wilder-Smith et al. 2016). Such epidemics put
95	intense pressure on public health departments to react with emergency vector control measures
96	(Esu et al. 2010, Simmons et al. 2012).
97	Ae. aegypti adults are primarily diurnal and females take frequent blood meals,
98	predominantly from humans (Scott et al 1997, 2000, Scott & Takken 2012). These behaviors
99	can in part explain why Ae. aegypti has been associated with epidemic virus transmission even
100	when its population densities are low (Kuno 1995). Because adults typically reside inside houses
101	(Scott & Takken 2012) where food, mates, and oviposition substrates are readily available,
102	indoor adulticide space spraying has been more effective than outdoor spraying for suppressing
103	Ae. aegypti populations (Morrison et al. 2008, Reiter et al. 2014, Esu et al 2010).
104	When indoor space sprays are applied appropriately, in carefully controlled small-scale
105	expermants, adult Ae. aegypti populations often decreased by >80%. Population densities
106	typically recovered quickly, however, (Perich et al. 2000, 2001, 2003; Koenraadt et al. 2007;
107	Bowman et al. 2016) due to emergence of nulliparous mosquitoes from larval aquatic habitats
108	inside sprayed areas (Reiter 2014), through migration from locations outside of sprayed areas
109	(Koenraadt et al. 2007), or from females in sprayed houses that survived. In a systematic
110	literature review, Esu et al. (2010) found only six studies from 1970's to 2010 that tested ultra-
111	low volume (ULV) indoor space spraying under natural field conditions that met minimum

112 standards for evaluating mosquito population suppression. None of the studies evaluated the 113 impact of these methods on human infection or disease (Esu et al. 2010). Results ranged from 114 immediate reduction in biting by 99% and adult population reduction lasting six months (Pant et al. 1974), to a more common, modest control lasting 1-5 weeks (Perich et al. 2001; Koenraadt et 115 116 al. 2007, Castro et al. 2007). Most studies were small scale, with each treatment typically 117 including one replicate of less than 50 houses. A more recent review of vector control 118 effectiveness for dengue (Bowman et al. 2016) concluded that "although space spraying is the 119 standard public health response to a dengue outbreak worldwide, and is recommended by WHO 120 (2011) for this purpose, there is scant evidence available from studies to evaluate this method sufficiently." In fact, Bowman et al. [26] (2016) could find no well-designed trial that assessed 121 122 the impact of non-residual space spraving on human dengue infection or disease. Ae. aegypti populations in the Amazonian city of Iquitos, Peru have been studied 123 124 extensively since 1998. The spatial distribution of the species is highly clustered and does not 125 have a consistent spatial or temporal structure (Getis et al. 2003, LeCon et al. 2014). Adult and immature population indices are highly variable and subject to sampling error (Morrison et al. 126 2004a). Evaluation of control measures for this species, therefore, requires large sample sizes 127 128 and exhaustive sampling. 129 In addition to studying the mosquito itself, the Iquitos research program monitored

dengue transmission through passive clinic-based febrile surveillance in health care facilities throughout the city (Forshey et al. 2010) and a series of prospective cohort studies in targeted city neighborhoods (Morrison et al 2010, Rocha et al 2009, Stoddard et al 2013). The combination of longitudinal entomological and epidemiological studies created a database that could be used to examine, in real time, the impact of Ministry of Health (MoH) vector

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interventions on Ae. aegypti populations and human disease. During their interventions, the MoH 135 136 spraved non-residual insecticide inside homes three times over an approximately 3-week period 137 (Stoddard et al. 2014). Over a 10-year period, this kind of citywide municipal vector control program was associated with significant decreases in Ae. aegypti adult populations (Morrison et 138 139 al. 2003, 2005) and when interventions were applied during the first half of the dengue 140 transmission season, fewer dengue cases were detected and the transmission season was shorter (Stoddard et al. 2014). While the qualitative results from that analysis of dengue are consistent 141 142 with an expectation of a positive public health impact of intra-domicile ULV insecticide 143 application on dengue incidence, more statistically robust epidemiological studies are needed (Reiner et al. 2016). 144

Prevention of Aedes-transmitted viral disease will require integrated approaches; i.e., 145 combinations of existing and/or novel vector control strategies as well as vaccination. 146 147 Mathematical models provide a way to compare diverse strategies and identify the most 148 promising approaches. For example, data on Ae. aegypti populations in Iquitos were used to develop a biologically detailed, spatially explicit, stochastic model that tracked Ae. aegypti 149 150 dynamics and genetics in an 18-ha area of the city (Legros et al. 2011, Magori et al. 2009). 151 Preliminary validation of the model using Iquitos data was carried out (Legros et al. 2011), but 152 evaluation of its capacity to accurately predict the entomological outcome of a vector control 153 perturbation had not been tested. The experiments described here were primarily designed to 154 generate data that could be used to test the ability of the entomological model to predict impacts 155 of suppression measures.

In this study, we carried out a large-scale evaluation of the entomological impact of a
widely used emergency vector intervention of *Aedes*-transmitted viruses in a well-characterized

158	study site. Our specific goal was to evaluate the impact of 6 cycles of indoor ULV pyrethroid
159	spray applications (hereafter referred to as "spray applications") on reductions of Ae. aegypti
160	populations. Our experiments spanned periods of relatively low and high Ae. aegypti density in
161	Iquitos, and compared the ULV application in experimental and public health settings. Our
162	results constitute an important data set for development and validation of Ae. aegypti population
163	dynamics models, and provide a detailed account of indoor space spray effects on Ae. aegypti
164	populations.

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6 METHODS AND MATERIALS

Study Area. Our studies were conducted in two neighborhoods in the Maynas district of 168 169 Iquitos (Fig. 1, Maps). Iquitos has a human population of ~380,000 (73.2'W longitude, 3.7°S 170 latitude, 120 m above sea level). Located in the Amazon Basin of northeastern Peru, Iquitos is 171 the largest urban center in the Department of Loreto, and has an average daily temperature of 172 25°C and an average annual precipitation of 2.7 meters. Dynamics of Ae. aegypti populations in 173 Iquitos are described in detail in earlier publications (Getis et al. 2003; Morrison et al. 2004a,b, 174 2006, 2010; LeCon et al. 2014; Stoddard et al. 2013; Schneider et al. 2004, Hayes et al 1996; 175 Watts et al. 199; Paz-Soldan 2011)

Both experimental study neighborhoods were characterized by city blocks of row houses
(dwellings that share walls). Most houses occupied lots that were narrow (3-10 m wide), but
relatively deep (20-60 m long). The majority of houses served as family residences, often
containing extended or multiple families. Some houses were used for small businesses or offices,
and others were unoccupied. There were a small number of vacant lots containing no structures
(<1%). Many study houses were mixed-purpose, sharing living areas with a small store
("bodega"), office, shop (e.g. carpentry or vehicle repair), or restaurant.

183 Vector control activities were ongoing in Iquitos. The MoH carried out regular 184 entomological surveillance and larviciding activities with temphos (RAbate) at ~3 month 185 intervals. Since 2002, with few exceptions, MoH carried out 1-3 emergency indoor pyrethroid spray campaigns per year in response to dengue outbreaks, with variable success (Stoddard et al. 186 187 2014). Our study was completed in 2014, and resistance bioassay profiles prior to January 2015 188 indicated Ae. aegypti populations in the city were susceptible to pyrethroids (Palomino-Salcedo 189 2014). 190 Figure 2 (Flow Chart) summarizes the design of our two separate experiments. The first

and smaller of the two experiments (S-2013) ran for 16 calendar weeks and included an
experimental buffer sector that was not sprayed, surrounding a central experimental sector that
was sprayed. The buffer sector contained 765 houses and the spray sector had 398 houses (Fig.
1A, Table 1). The S-2013 study area was located on the western border of the city, proximal to
Lake Moronacocha (Fig. 1C).

196 The larger second experiment (L-2014) ran for 44 calendar weeks, and included 1,051 houses in the surrounding buffer sector and 1,110 houses in the central spray sector (Fig. 1B, 197 198 Table 1). L-2014 was carried out in a neighborhood several kilometers to the north of S-2013, 199 centrally located in Iquitos, and bordered on the south by an abandoned airstrip (Fig. 1C). The L-200 2014 study area was selected because the Ae. aegypti-free airstrip provided a physical barrier to 201 Ae. aegypti dispersal on one of its four sides. This experimental structure of L-2014 was selected 202 to test our mathematical model's ability to capture any spatial features of the recovering 203 mosquito population.

204 Entomological Surveys. To monitor population densities and age structure of *Ae*.
 205 *aegypti* populations, we carried out standardized adult mosquito collections using Prokopack

206	aspirators (Vazquez-Prokopec et al. 2009) (henceforth adult surveys) and standardized
207	larval/pupal demographic surveys [47-49] (Focks et al. 1993, 1997, 2000) (henceforth immature
208	surveys), except when noted. Survey protocols are described in detail in previous publications
209	[6] (Getis et al. 2003; Morrison et al. 2004a; LaCon et al. 2014; Schneider et al. 2004, Vazquez-
210	Prokopec et al. 2009).

Collected adults were immediately transported to a field laboratory in Iquitos for
processing as described in Morrison et al. (Morrison et al. 2004b). Adult mosquitoes were
sedated by cold (4°C), identified, counted, and females separated. In most cases, we scored
female *Ae. aegypti* as unfed, blood fed (full, half full, or trace amounts), or gravid. Females were
also scored for parity (Scott et al. 2000).

216 Pyrethroid spray applications. Experimental insecticide spraying was done by MoH employees, between 17:00-20:00 to avoid high temperatures and varying winds. Each spray team 217 218 was comprised of 3 individuals: 2 MoH sprayers and 1 monitor from the research team. Each 219 week, on the initial day of a spray cycle (usually Mondays), spraying was attempted in all houses 220 in the spray sector. To improve spray coverage within each cycle, on subsequent days spray 221 teams revisited houses that were not sprayed on the initial day of the spray cycle (a minimum of 222 2 and up to 10 visits, as needed) to conduct spraying. Pyrethroid insecticides were applied using 223 Solo or Stihl backpack sprayers with settings adjusted for ULV application, or Colt hand-held 224 ULV sprayers. Residents were instructed not to return to their houses for a minimum of 1 hour. 225 See Text S1 for more details.

Quality Control for Spray Applications. As a quality control measure, for each spray
 cycle, 3 to 7 houses were selected to monitor efficacy of the insecticide spray. Operators did not
 know which houses would be selected for monitoring. For each monitored house, just after the

229	spray operator had finished the application, a single screen cage containing adult mosquitoes was
230	placed in each of the following locations: bedroom, living room, kitchen, and yard, based on
231	standard WHO protocols (WHO 2005, Reiter & Nathan 2003). Each cage contained 25 adult Ae.
232	aegypti of age 24-36 hours from a pathogen-free laboratory colony (Reiter et al. 2003, WHO
233	guidelines). A separate laboratory colony was initiated for each experiment from mosquitoes
234	collected from houses in Iquitos and held for 1-2 generations prior to use. One hour after
235	spraying, all cages were retrieved and evaluated for knockdown (no movement), stored in a
236	styrofoam cooler with moist paper towels for 24 hours, and then examined for mortality. When
237	mortality was < 80%, equipment was recalibrated to ensure proper spray function on subsequent
238	days.
239	Droplet size. Teflon treated slides were placed in 2 randomly selected houses during each
240	spray cycle and retrieved 1 hour post-spray. Droplet size was measured using a micrometer in
241	Motic Images Plus 2.2. Droplets were counted and measured in a 1 cm ² square.
242	Experimental Design. Experimental study sectors are depicted in Figures 1A & B. The
243	temporal sampling units are referred to as "circuits" because they were time periods when we
244	completed full survey routes through all of the blocks of houses in the spray and buffer sectors
245	(see Fig. 2 for a flow chart of experimental design, and Fig. S7 for survey maps). During each
246	circuit, we attempted to visit and survey 100% of the houses in the entire study area at least once
247	(with one exception, L-2014 C2). The percentage of total houses successfully surveyed and/or
248	sprayed in each circuit ranged from 67-90%, due to closed or unoccupied houses, or residents
249	who chose not to participate in the study (see Fig. 3B, Table S1).
250	Each circuit was divided into subcircuits that lasted approximately one week, but never
251	more than 10 days. In general, subcircuit surveying was conducted systematically by block,

where surveyors attempting to visit every 4th house (25% of the circuit) each week (see Text S2
for exceptions).

Both experiments consisted of 6 weekly cycles of ULV indoor spray applications (see above). Immature and adult surveys were carried out before (pre-intervention) and after (postintervention) the spraying periods. During the experimental spray periods only adult surveys were carried out.

In the baseline pre-intervention circuit of each experiment (C1), study teams surveyed a single block together, proceeding as a group to an adjacent block until all houses in the study area were visited at least once. Houses that were not accessible on a day of a visit were revisited the next day and surveyed if open. After all study blocks were surveyed, houses that remained unsurveyed were visited a final time, and surveyed if possible. In subsequent circuits, similar spatially systematic surveying within subcircuits was carried out, and unsurveyed houses were visited a minimum of 3 times per circuit, or until access was obtained or refused.

Experiment 1 (S-2013). The initial S-2013 baseline pre-intervention circuit (C1) was
carried out from 22-29 April 2013 in the spray sector, and from 29 April-16 May 2013 in the
buffer sector (C1, Table 1, Fig. 3A). During the experimental treatment circuit (C2),
Alphacypermetrin 10% (TMTurbine 10%) was applied once per week for 6 consecutive weeks

using Solo backpack sprayers (Cycles 1-6) or Colt hand-held sprayers (Cycles 4-6). Adult

270 surveys were typically carried out during the spray period on Monday afternoons just prior to the

271 initiation of each spray cycle, as described above. This design, therefore, measured adult

densities up to 7-days after a previous spraying event. Post-intervention surveys (C3-C4) were

initiated 10 days after completion of the last spray cycle (see Fig. S7A and S8A for detailed

274 maps of surveys and sprays, respectively).

275 Experiment 2 (L-2014). Following the initial L-2014 baseline, pre-intervention circuit 276 (C1), the experiment was interrupted by a MoH citywide emergency intervention in response to a 277 dengue outbreak (see also Text S1). The MoH intervention consisted of 3 cycles of indoor cypermethrin 20% (®SERPA ciper 20 EW) spray applied between 04:00-09:00 or 17:00-20:00 278 279 with Solo backpack sprayers. MoH personnel generally sent an advance team with loudspeakers 280 announcing the arrival of the spray teams, who visited each house on a block a single time. The 281 MoH personnel had no mechanism to spray houses missed on their initial visit. In contrast to S-282 2013, during the L-2014 baseline circuit (C1) study teams worked in two groups (4 two-person 283 teams). To survey both sectors simultaneously, one group was assigned to the spray sector, while the other was assigned to the buffer sector. 284 285 In response to information from the MoH about their imminent emergency spraying 286 program (above), we adapted our study design in 3 ways (see also Text S2). First, we coordinated with the MoH to conduct adult surveys on a subset of L-2014 houses prior to (~20% 287 288 of houses, C2) and during the emergency spray period (~20% of houses in each spray cycle, C3). No immature surveys were conducted during these circuits (for details see Fig. 3A, Fig. S7B, and 289 Table S1). Second, we conducted independent monitoring of the 3 emergency citywide spray 290 291 cycles (C3), along with standard quality control spraying procedures. We added a circuit of four spatially systematic subcircuits of full surveys (immature and adults, C4) during the MoH post-292 293 intervention period. Third, we added an extra circuit of adult surveys (~25% of houses, C5) that 294 preceded experimental intervention. After Circuit 5, we resumed our planned L-2014 295 experiment (See Fig. S7B for a detailed map of survey locations). 296 As in S-2013, we applied 6 weekly cycles of ULV spraying (C6). A different pyrethroid 297 insecticide, cypermethrin 20% (ESTOQUE® 20 E.C., Tecnologia Quimica y Comercio S.A.)

was used. For each cycle, spraying began on Monday evening using Solo backpack sprayers. We
attempted to spray all accessible houses. Follow-up spraying of houses missed during the first
day was carried out Tuesday-Friday between 07:00 and 20:00 using Colt hand-held sprayers (see
also Text S2). In L-2014, adult surveys were typically carried out one day after a house was
sprayed.

Data Analysis. Unless otherwise noted, we analyzed only *Ae. aegypti* data, and used houses as the basic spatial units of observation. During experimental spray periods, we assigned a "spray status" indicator variable to each adult survey. "Prior spray" indicated that a spray application occurred in that house (prior to the survey) during the current or previous calendar week (otherwise, "no prior spray"). During L-2014, the relative timing between spray and survey was unclear for a limited number of surveys, which were designated as "timing unclear" (Tables S4 and S5).

Statistical Models. For each experiment, a suite of statistical models was developed to estimate the impact of spray treatment on mosquito densities, proportion of infested houses, and population age structure (as determined from parity examination). With one exception, all comparisons and significance tests were conducted within-experiment.

We used two generalized linear model (GLM) specifications, both of which used a log link. For all counts, we used a negative binomial GLM (NB-GLM). Here, the response was the count of mosquitoes per house, and was assumed to follow a negative binomial distribution. The NB-GLM estimates the log of mean counts, and is akin to Poisson regression, while allowing for response over-dispersion (separate mean and variance) (Zeileis et al. 2008). For all proportions, we used a logistic GLM (L-GLM, i.e., logistic regression). Here, the response was the proportion of successes (out of total number of events), and was assumed to follow a binomial

321 distribution. The choice of "success" was an arbitrary label applied to one of two mutually 322 exclusive possibilities (presence or absence). The L-GLM estimates the log probability of 323 success. For ease of interpretation, all model results were un-transformed after analysis and displayed in the original (unlogged) scale of observations. 324 To identify structural, pre-perturbation differences between sectors, we used an NB-GLM 325 326 that estimated the number of Ae. aegypti adults per house (AA/HSE) in the baseline circuit (C1) 327 in response to physical characteristics of houses, including building, floor, and roof construction, 328 as well as number of containers, rooms, and surveyed rooms. 329 To assess the effect of spraying, we used an NB-GLM that estimated AA/HSE in response to 330 circuit and spray sector. In addition, we used a companion L-GLM that predicted Adult House 331 Index (AHI: proportion of houses with 1 or more Ae. aegypti adults) in response to circuit and spray sector. Finally, we tested the NB-GLM model formulation with alternate responses: 332 333 female Ae. aegypti adults per house, and non-Aedes adults per house. 334 A NB-GLM was also used to estimate the effect of study year and spray status on AA/HSE. This model included only surveys conducted in the spray sector during experimental spray 335 periods. 336 337 Counts from immature surveys and parity surveys were converted to proportions: container

surveys yielded per-house proportion of positive containers (henceforth called the PrPC), which is also referred to as the container index. Parity surveys yielded the per-house proportion of nulliparous females (henceforth called the PrNF). Each proportional measure (PrPC, PrNF, and PrIH) was analyzed using a pair of L-GLM, weighted by the number of observations, with a separate model for each study year. Predictors included circuit and sector. The response was the log proportion of "successful" events per house, i.e., detection of positive containers or

nulliparious females. The container model estimated the log proportion positive containers per 344 345 house, log(PrPC), and the reproductive status model estimated log proportion nulliparous 346 females per house, log(PrNF). We also model the total number of Ae. aegypti positive containers per house (PC/HSE) using an NB-GLM. Note that Breteau Index (BI) = 100*(PC/HSE). 347 To further evaluate the effect of spraying on mosquito densities, we employed contrast 348 349 analysis (Lenth 2016) on the sector-by-circuit NB-GLM. We contrasted between circuits (spray 350 sector only), and between sectors. The between-circuit contrast was complicated by temporal 351 variation, either in extrinsic environmental factors, such as weather, or in intrinsic ecological 352 processes, such as demographic stochasticity. The between-sector contrast was complicated by 353 potential spatial ecological differences between sectors. More robust conclusions can be made if 354 both types of contrasts provide similar assessments of the effect of spraying. 355 For the statistical models of adult, immature, and parity surveys, statistically 356 indistinguishable groups and 95% confidence intervals (CI) of experimental group effects were 357 estimated using least-squares means, also known as predicted marginal means, via the *lsmeans* R package (Lenth 2016). Tukey's method was used to control the family-wise error rate (Lenth 358 2016). 359

Human Use Statement: The study protocol was approved by the Naval Medical
Research Unit Six (Protocol #NAMRU6.2013.0001) Institutional Review Board, which included
Peruvian representation, in compliance with all US Federal and Peruvian regulations governing
the protection of human subjects. IRB authorization agreements were established between the
Naval Medical Research Unit Six and the University of California at Davis and North Carolina
State University. The protocol was reviewed and approved by the Loreto Regional Health
Department, which oversees health research in Iquitos. In all instances consent from adult

members of houses was obtained without written consent. Written information sheets were
provided to study participants, providing a detailed overview of the experiment design,
procedures, and study goals before initial pre-interventions surveys. Permission to enter houses
was provided at each survey or spray application visit.

371

372 **RESULTS**

373 *Overview*

In the six weekly ULV spray cycles of S-2013, 1,860 spray applications were carried out in 398 houses. During L-2014, 4,986 spray applications were carried out in 1,110 houses. A total of 3,843 surveys over 16 weeks and 12,124 surveys over 44 weeks were carried out in S-2013 and L-2014, respectively (Fig. 3A, Table 1). Adult *Ae. aegypti* densities were highly variable over space (Fig. S1) and time (Fig. S4) with highly skewed distributions. No adult mosquitoes were collected from most houses, and large numbers of adults were captured in very few houses (Fig. S1).

381 Model contrasts (AA/HSE) are shown in Fig. 5; details of adult densities and house indices

are shown in Tables S6-S7. Overall, adult densities in the S-2013 baseline circuit (early May,

383 C1) were 0.26 and 0.40 *Ae. aegypti* per house (AA/HSE) in the buffer and spray sectors

respectively. During this same baseline circuit, 15% and 16% of houses contained one or more

385 Ae. aegypti adults (AHI) in the buffer and spray sectors, respectively (Tables S7A-B). The L-

386 2014 baseline circuit (January, C1) showed that Ae. aegypti adult densities were higher than in S-

387 2013: 0.62 and 0.77 AA/HSE in the buffer and spray sectors, respectively. A later pre-

intervention circuit in April (C5, prior to experimental spraying) yielded 0.44 and 0.67 AA/HSE

in the buffer and spray sectors, respectively. The corresponding AHIs for these surveys were

31% and 34% in the spray and buffer sectors, respectively for January, C1, and 22% and 28% forApril, C5.

- 392 Adult *Ae. aegypti* densities and house indices within the spray sector during spray periods
- 393 were also lower during S-2013 (0.07 AA/HSE; AHI 5.5%) compared to L-2014 (emergency
- spraying, C3: 0.30 AA/HSE; AHI 18%; experimental spraying, C6: 0.31 AA/HSE; AHI 11%).
- In the S-2013 post-intervention circuits (C3-C4), *Ae. aegypti* adult densities in the spray
- sector achieved a maximum of 0.35 AA/HSE (AHI 23%). In L-2014 (C7-C9), Ae. aegypti adult
- densities in the spray sector reached a maximum of 1.31 AA/HSE (AHI 41%).
- 398

399 *Meteorological conditions*

400 Meteorological conditions were consistent between the two experiments, with average

401 temperatures of 25.5°C (average minimum = 22.0°C, average maximum=32.0°C) and 25.6°C

402 (average minimum = 22.0° C, average maximum= 31.9° C) during the S-2013 and L-2014

403 experiments, respectively (National Climatic Data Center, https://www.ncdc.noaa.gov/cdo-

404 web/). Precipitation during both years was approximately 0.84 cm per day. During the L-2014

405 entomological surveys for the MoH emergency citywide spray operation (January- March 2014),

406 the temperatures were higher (average 25.9° C, average minimum = 23.3° C, average

407 maximum=32.6°C) and it was rainier (average 1.09 cm per day) than at other times during the S-

408 2013 and L-2014 experiments.

409

410 Baseline Surveys

411 Comparisons of spray and buffer sectors in both experiments indicated that the two
412 sectors had similar housing characteristics. No household physical characteristic was a predictor

of adult mosquito density (data not shown). Consequently, we did not include such 413 414 characteristics in our statistical models. Overall, for both years baseline numbers of Ae. aegypti 415 adults were comparable between spray and buffer sectors (Table S2). During S-2013, however, 416 we found a marginally significant difference between the buffer and spray sectors during the 417 baseline (C1) circuit (0.26 vs 0.40 AA/HSE, resp.; Fig. 5, Table S2, p=0.039), making some 418 statistical analyses of spray impacts conservative. During L-2014, baseline densities (C1) were 419 not significantly different between the buffer sector (0.62 AA/HSE, AHI=31.1%) and spray 420 sector (0.77 AA/HSE, AHI=33.7%) (Fig 5, Table S2, p=0.09). We observed no statistically 421 significant baseline differences in adult female age structure between buffer and spray sectors 422 (PrNF, Tables S8A and S8B). Baseline immature indices were similarly not different; for 423 example, Breteau Indices (BI = 100 * PC/HSE) ranged from 9.4-10 in the buffer and spray 424 sectors in both experiments (Table S9A and S9B). Container indices (i.e., percentage of water-425 holding containers infested with larvae or pupae, 100*PrPC) ranged from 3.9-4.1 in S-2013 and 426 3.1-3.3 in L-2014 (Tables S10A and S10B). 427 428 Spray Coverage 429 The average percent of houses sprayed was lowest during the 3 MoH citywide emergency spray cycles in L-2014 ranging from 71% during cycle 1 to 62% in cycle 3 (Fig 3B). For S-430 431 2013, coverage started at 77% in cycle 1, decreased to 73% in cycle 3, and then improving in

432 each subsequent cycle to 90% (cycle 6). For L-2014, coverage started at 74% in cycle 1, then

433 modestly increased over time to approximately 82% in cycle 6 (Fig. 3B).

In both experiments, most spray sector houses were sprayed in more than 3 out of 6 spraycycles, and more than half of the houses were sprayed in all 6 spray cycles (Fig. S2). The

436	primary reasons for not spraying a house were: house closed when personnel visited (3-16% for
437	S-2013 spray, 19-28% for L-2014 MoH emergency spray, 7-16% for L-2014 spray), or residents
438	did not allow access to the house (6-14% for S-2013 spray, 9-11% for emergency spray, 8-11%
439	for L-2014 spray). During the S-2013 experiment, but not in L-2014, we recorded the reasons
440	given by residents for refusing access. In many cases, teams were allowed access on subsequent
441	visits. In early cycles, about one-third of the refusals cited a direct objection to fumigation,
442	saying they did not believe it was effective or that the teams were not really using insecticide. In
443	other cases, the reason given was inconvenience to the residents: eating, bathing, working,
444	selling food, or that a sick person or newborn was in the house and could not leave. In some
445	instances the homeowner was not present so consent could not be given.
446	
447	Spray Efficacy
448	During S-2013, 24-hour mortality of caged sentinel mosquitoes ranged from 87-97% with
449	some variation across cycles (Fig. S3). Mean mortality was lower in L-2014, ranging from 53-
450	87%. Overall, we observed a significant decrease in spray efficacy in L-2014 relative to S-2013
451	(Table 2). During S-2013, Colt hand-held ULV sprayers were used on 1/3 rd of the blocks during
452	spray cycles 4-6. We observed higher mortality and knockdown in cycles 4-6, and less variation
453	than was observed in cycles 1-3, which only included backpack sprayers.
454	Droplet size (mean <u>+</u> SD) varied between experiments and sprayer type. Colt sprayers had
455	smaller and more consistent droplets (19.1 \pm 12.6 µm) than backpack sprayers (29.2 \pm 19.5 µm).
456	
	During the L-2014 MoH emergency spray, backpack sprayers were not properly calibrated, with

458 During the L-2014 6-cycle experiment, droplet size averaged 18.1 ± 14.7 µm and 23.6 ± 13.2 µm 459 for Colt and backpack sprayers, respectively.

460

461 *Experiment 1 (S-2013)*

Surveys conducted during the 6-week spray period (C2) generally occurred about one
week after spraying. During the spray period, ULV spraying reduced adult *Ae. aegypti*population densities rapidly and significantly from 0.40 to 0.07 AA/HSE after six cycles of
spraying (Fig. 4), yielding an 82.5% reduction relative to baseline (Fig. 5, Table S3, p<0.00001).
The buffer sector, in contrast, had 0.26 AA/HSE both before (C1) and during (C2) the spray
period.

Adult densities in the sprayed sector were 73.1% lower than in the buffer sector during 468 the spray period (C2, Fig 5, Table S2, p<0.00001). Ongoing surveys within the spray sector 469 470 during the spray period ranged from 0.04-0.08 AA/HSE, and did not change significantly over 471 the course of the six sprays (Fig 6). Spray sector AA/HSE remained 45% lower than baseline levels during the first post-intervention period (C3, Fig. 5, Table S3, p=0.035), but densities 472 increased from 0.04 to 0.27 AA/HSE between the first and second week post-spray. During the 473 474 second post-intervention period (C4), spray sector adult densities returned close to baseline 475 densities, increasing from 0.22 to 0.35 AA/HSE (Table S6A) which was 89% of baseline (Fig. 5, 476 Table S3, p=0.94) and 83.3% of the buffer sector density at that time (Fig. 5, Table S2, p=0.36). 477 Adult house indices in the spray sector, by comparison, decreased from 16% during 478 baseline surveys to 5.5% during the spray period (C2), then increased to 12.7% and 17.3% 479 during the first and second post-intervention periods, respectively (C3-C4, Table S7A). In the 480 buffer zone, AHIs were 15% during both baseline and spray periods, then increased to 21% and

481 23% in the first and second post-intervention evaluations (Table S7A).

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498 *Experiment 2 (L-2014):*

MoH Emergency Spray. MoH ULV spray applications were carried out in both
experimental sectors (spray, buffer) prior to initiation of L-2014 experimental studies. In the
baseline circuit (C1), AA/HSE ranged from 0.62-0.77 (Table S6B), and AHI ranged from 3134% (Table S7B). During the citywide emergency spray period, AA/HSE decreased to 0.37
(AHI 16%) in the buffer sector and 0.30 AA/HSE (AHI 18%) in the spray sector, thus showing a

504	modest 40-50% reduction in adult densities relative to the baseline Circuit 1 (Fig. 5, Table S3,
505	p<0.0001). Ae. aegypti densities in the geographically central spray sector were more variable
506	than for houses in the surrounding buffer sector. Ae. aegypti densities did show some recovery in
507	the post-emergency circuit (C4), rising from 0.37 to 0.58 AA/HSE in the buffer sector and from
508	0.30 to 0.53 AA/HSE in the spray sector. There was also a small trend toward an increase in the
509	proportion of nulliparous females (PrNF) between baseline and the emergency spray period,
510	from 0.03 to 0.10 and from 0.07 to 0.11 in the buffer and spray sectors, respectively (C1 to C3,
511	Table S8B).
512	Immature indices, which were measured at baseline (C1) and the post-emergency survey
513	(C4), were similar over time. For example, the spray sector BI (Table S9B) during baseline
514	(10.0) was not statistically different than in post-intervention surveys (6.3-11.9). The proportion
515	of positive containers (PrPc) ranged from 0.4-0.5 across the baseline and post-emergency circuits
516	(C1 and C4, Table S10B).
517	Experimental Spray. For our experimental evaluation, we carried out a circuit of pre-
518	intervention adult surveys during April (C5) before initiating 6 cycles of ULV spray applications.
519	In both spray and buffer sectors, adult densities were consistent with the January baseline
520	surveys (Fig. 5, Table S3 p=0.95). During C5, however, there were significantly higher adult
521	densities in the spray sector (0.67 AA/HSE) relative to the buffer sector (0.44 AA/HSE) (Fig. 5,
522	Table S2, p=0.0034). During the experimental spray period (C6), AHI decreased significantly
523	from 28 to 11% (0.67 to 0.31 AA/HSE) in the spray sector compared to the range of 22% and
524	21% (0.44 to 0.46 AA/HSE) in the unsprayed buffer sector (Table S7B).

Adult densities rebounded quickly after cessation of spraying (C7, Fig. 4, Fig. 6, Table
S6B). AA/HSE increased from 0.31 during the spray period (C6) to 0.51 post-spray (C7), which

527 was not statistically significantly different from the January baseline of 0.77 (C1) or from that of 528 the April pre-intervention survey (C5, 0.67). During the L-2014 post-spray monitoring period 529 (C7-C9), increases in adult densities were observed in the spray sector, with a 170% increase above January (C1) baseline levels in the final circuit (C9, Table S3). In the buffer sector, from 530 531 C6 to C9, AHI ranged from a low of 21% during the spray period (C6) to a high of 27% (C7). In 532 contrast, in the spray sector, AHI increased during each post-intervention survey, ranging from 533 11% during the spray period (C6) to 41% during the final post-intervention period (C9) (Table 534 7B). Adult densities during the first post-intervention circuit (C7) remained significantly lower 535 than baseline (C1) levels (Fig. 5, Table S3, p=0.017). In C8-C9, however, densities were 536 significantly higher than baseline levels (Table S3, p<0.01). When comparing the buffer and 537 spray sector, a similar pattern was observed. Adult densities during C7 remained significantly lower in the spray sector compared to the buffer sector. During C8 and C9, however, the spray 538 539 sector had significantly more adult *Ae. aegypti* than the buffer sector (Fig. 5, Table S2). 540 Overall, we observed a strong effect of spraying on parity. During the spray period (C6), the proportion of youngest (nulliparous) females (PrNF) was significantly higher in the spray 541 542 sector than in the buffer sector. Likewise, we observed an approximate doubling of PrNF in the 543 spray sector relative to baseline (Table S8B). Immature indices increased between the post-emergency spray survey (C4) and first post-544 545 experimental study survey (C7). For example, BI increased from 7.9 to 15.0 and from 8.3 to 546 11.9 in the buffer and spray sectors, respectively (Table S9B). Between the first and second post 547 intervention surveys (C7-C8), BI dropped to 5.9 and 6.3 in the buffer and spray sectors,

respectively. Two months later (C9), the BI decreased to 4.4 in the buffer sector and increased to

549 7.6 in the spray sector. Similar patterns were seen for the proportion of containers with550 immatures (Table S10B).

Comparison of sprayed and unsprayed houses. During the S-2013 experiment, 551 entomological surveys were carried out during the afternoon before each ULV spray cycle was 552 553 initiated. For the majority of houses (254 of 398, 64%), therefore, Ae. aegypti densities were 554 measured 7 days after the previous spraying. Only 2% of houses were sprayed fewer than 5 days 555 earlier. In contrast, during the L-2014 experiment, entomological surveys were typically 556 conducted the day after each spray cycle. This difference was the result of logistical concerns, as 557 L-2014 involved many more houses. For 164 of the 1,259 house sprays (13%), the exact timing 558 of each house spray was not available. In addition, some of the houses were sprayed later in the 559 spray cycle (Table S5). The majority of L-2014 house surveys occurred within 2 days of 560 spraying, and all houses were surveyed within 4 days of spraying. Thus, the average interval 561 between house spray and survey was shorter than in S-2013. In the spray sector in both 562 experiments, AA/HSE were lower in houses that had been spraved the prior week compared to those that had not. In S-2013, AA/HSE was 0.06 and 0.11 in houses with prior spray and no 563 564 prior spray, respectively, while L-2014 experienced 0.28 and 0.56 AA/HSE in houses with prior 565 spray and no prior spray, respectively (Table S5). A (marginally) significant difference in 566 AA/HSE between spray status groups was observed only during 2014 (Table S4, p=0.047).

567

568 **DISCUSSION**

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570 Despite the lack of a well-informed evidence base (Bowman et al. 2016), vector control 571 of *Ae. aegypti* is often described as ineffective yet continues to be widely practiced by public 572 health programs [6, 12, 26, 59, 60] (Simmons et al. 2012, Bowman et al. 2016, James et al. 2011,

573 Reiter 2014, Andersson 2015, Bowman et al. 2016). Increasing attention has been given to 574 integrated vector management, community involvement, and sustainability (Wilder-Smith et al. 575 2017). There is increasing recognition, however, that programs lacking interventions specifically directed at adult mosquitoes are insufficient for suppression of dengue and other Aedes-borne 576 577 diseases [20, 22] (Morrison et al. 2008, Achee et al. 2015). A WHO dengue Scientific Working 578 Group identified "analysis of the factors that contribute to the success or failures of national 579 programs in the context of dengue surveillance and outbreak management", including vector 580 control as a priority topic for future research [61] (Runge-Ranzinger et al 2016). 581 Through two large-scale experimental studies and an assessment of a MoH emergency 582 intervention campaign, our study evaluated an adulticiding strategy that is embedded in many 583 national Aedes-transmitted virus control programs. We observed a clear Ae. aegypti population reduction during the extended period of repeated spray applications. These reductions were, 584 585 however, not sustained after cessation of spraying. 586 Our study design could not logistically include randomized replicates [59, 63] (James et al. 2011, Reiner et al. 2016, Wilson et al. 2015) because we focused on monitoring spraying in 587 large neighborhoods of houses. A review of previous Ae. aegypti space spray studies (Esu et al. 588 589 2010) shows that each replicate included 50 or fewer houses so that movement of adults from 590 surrounding houses could have impacted results. In contrast, we monitored spraying in large 591 numbers of houses; more than 1,100 houses (up to 2,100 houses) during the two experimental 592 interventions, and a MoH citywide emergency spray program. Our experimental design reduced 593 the potential impact of adults moving into the sprayed sector from unsprayed locations. In the

594 citywide spraying, all areas of the city were expected to have about the same decrease in Ae.

595 *aegypti* densities so adult movement should not have impacted the recovery at all. There is 596 clearly a tradeoff between degree of replication possible and the size of experimental units. 597 In order to maintain study quality, our experimental interventions were supervised by trained entomologists. Our monitoring of the impacts of the L-2014 citywide emergency 598 599 spraying provides a realistic and complimentary effectiveness assessment under practical, public 600 health circumstances. It is also important to note that our study was primarily designed to 601 provide data that could then be used to evaluate a computer simulation model (Magori et al) 602 under extreme perturbation conditions, which was a major reason for evaluating a single 603 centralized spray sector surrounded by a buffer sector. The effectiveness of pyrethroid applications varied between years, but was similar 604 605 between citywide emergency sprays and experimental sprays in 2014. Interestingly, in all 606 experiments adult Ae. aegypti densities decreased significantly after the first cycle of spraving 607 then fluctuated at relatively low levels during the remaining spray cycles; that is, additional 608 cycles did not lower mosquito densities further. In all three interventions, adult populations 609 partially recovered within 2 weeks of spray cessation. The pattern of rapid recovery of the Ae. *aegypti* population in our study is consistent with a number of previous reports (Esu et al. 2010) 610 611 [5]. Studies by Perich et al. [23, 24] (2001, 2003) in Honduras and Costa Rica showed an approximately 90 percent reduction in adults one week after spraying, but the effect of the 612 613 treatment was no longer significant after 6-7 weeks. 614 In the two experimental suppression trials we could not definitively determine if recovery of population densities was from adults migrating in from the surrounding buffer sector and/or 615 616 from new adults emerging from development sites within the spray sector. However, in the 617 emergency citywide spraying, the recovery was similar to that in the experimental trials. This

618 suggests that movement of adults was not the key factor. Mosquito densities after the L-2014 619 experimental spray were monitored for a longer period of time: 23-weeks post-spray in L-2014 620 versus 9-weeks post-spray in S-2013. During L-2014, the density of adults in the spray sector increased to well above that in the buffer. In L-2014, ULV spraying resulted in a higher 621 622 proportion of nulliparous females, indicating a shift to a younger adult female age distribution. 623 This indicates that the spray sector continued to have active larval habitats that were producing 624 new Ae. aegypti adults. In S-2013, for example, 22 Ae. aegypti positive containers were 625 identified in a single house during a post intervention survey, whereas the baseline survey of that 626 house revealed only three containers total, of which only one was positive. This kind of variation 627 illustrates the stochastic and dynamic nature of Ae. aegypti larval habitats (LaCon et al. 2014, Getis et al. 2003). The dramatic L-2014 post-treatment increase cannot, however, be explained 628 by an outlier in the form of a "superproductive" household (Morrison et al. 2014). One 629 630 possibility is compensation by the immature population due to a reduction in larval population 631 densities, which led to reduced density dependent competition within containers and increased survival to adult emergence. This kind of rebound effect merits further investigation. 632 633 In L-2014, both emergency and experimental spraying had significant, but lesser impact 634 on the adult densities than in S-2013, even though L-2014 post-spray surveys were conducted (on average) fewer days after spray applications. The L-2014 24-hour mortality of caged sentinel 635 636 mosquitoes was lower than in S-2013, something that could be due to characteristics of the 637 different insecticide used, changes in pyrethroid resistance levels in Iquitos mosquito populations 638 between S-2013 and L-2014, and/or differences in spray quality between the two experiments. 639 By the end of 2014, significant pyrethroid resistance was detected in Iquitos (Palomino, INS 640 report). Although we did not detect pyrethroid resistance before the S-2013 experiment, we do

not have similar assay information from populations evaluated just prior to the L-2014
experiment. It is possible, therefore, that the lower efficacy observed in the L-2014 experiment
was due in part to resistance in the local *Ae. aegypti* population. By 2015 the MoH had
abandoned use of pyrethroid insecticides for indoor spraying and switched to malathion in an
effort to improve efficacy.

646 A strong argument can be made that logistical challenges associated with application of ULV spray over a larger sector in the L-2014 experiment contributed to lower efficacy. First, 647 648 Colt hand-held sprayers were only used in L-2014 when initially unsprayed houses were 649 revisited, whereas in S-2013 they were used on at least 33% of the houses. Colt-sprayers had significantly better and consistent droplet sizes than backpack sprayers. The L-2014 experiment 650 was a much larger effort with at least double the number of backpack machines and MoH 651 fumigators participating, and droplets were only evaluated on a fraction of the machines used. In 652 addition, during the L-2014 experiment coverage rates were lower overall. 653

654 Our results demonstrate that intensive, carefully administered space spraying can temporarily decrease the number and average age of female Ae. aegypti in houses. These results 655 656 support smaller scale studies showing space spray induced reductions in Ae. aegypti density 657 (Perich et al. 2000, 2001, 2003; Koenraadt et al. 2007). When, where, and how ULV mosquito control leads to meaningful reductions in disease remains a critical unanswered public health 658 659 problem for policy makers. Computer simulation models have been employed to inform 660 outcomes in limited situations, such as pathogen strain invasions [62] (e.g. Newton and Reiter 661 1992). Certain tentative recommendations, however, can be made based on existing data. 662 Emergency indoor ULV spray interventions have the potential to mitigate Ae. aegypti-663 transmitted viruses, but coverage must be maximized with multiple spray cycles per house; i.e.,

664	at least 3 spray cycles based on our experience in Iquitos (Morrison and Scott, unpublished data).
665	Officials should have no expectations of sustained reductions in mosquito densities and must
666	recognize that these sprays only have the potential to mitigate the immediate impact of an
667	arbovirus outbreak. Quality control of spraying efforts and insecticide resistance testing must be
668	an integrated component of national programs. Although these are not new messages (WHO
669	citations), our study adds new data to the vector control evidence base that we hope will better
670	inform intervention programs and, thus, help refine policy for the application of space spray as a
671	public health response to Ae. aegypti-transmitted viruses.
672	
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674	References
675	Lenth, R.V. 2016. Least-Squares Means: The R Package Ismeans. J. Statistical Software. 69: 1-
676	33.
677	
678	Wilder-Smith, A., D.J. Gubler, S.C. Weaver, T.P. Monath, D. Heymann, and T.W. Scott. 2017.
679	Epidemic arboviral diseases: priorities for research and public health. Lancet Infectious Dis. 17:
680	e101-106.
681	Getis, A., A.C. Morrison, K. Gray, and T.W. Scott. 2003. Characteristics of the spatial pattern of
682	the dengue vector, Aedes aegypti, in Iquitos, Peru. Am. J. Trop. Med. Hyg. 69: 494-505.
683	
684	
685 686 687 688	1. Brady OJ, Gething PW, Bhatt S, Messina JP, Brownstein JS, Hoen AG, et al. Refining the global spatial limits of dengue virus transmission by evidence-based consensus. PLoS Negl Trop Dis. 2012;6(8):e1760. doi: 10.1371/journal.pntd.0001760. PubMed PMID: 22880140; PubMed Central PMCID: PMCPMC3413714.

Bhatt S, Gething PW, Brady OJ, Messina JP, Farlow AW, Moyes CL, et al. The global 689 2. 690 distribution and burden of dengue. Nature. 2013;496(7446):504-7. doi: 10.1038/nature12060. 691 PubMed PMID: 23563266; PubMed Central PMCID: PMCPMC3651993. 692 3. Wilder-Smith A, Byass P. The elusive global burden of dengue. Lancet Infect Dis. 2016;16(6):629-31. doi: 10.1016/S1473-3099(16)00076-1. PubMed PMID: 26874620. 693 694 Esu E, Lenhart A, Smith L, Horstick O. Effectiveness of peridomestic space spraying 4. 695 with insecticide on dengue transmission; systematic review. Trop Med Int Health. 2010;15(5):619-31. doi: 10.1111/j.1365-3156.2010.02489.x. PubMed PMID: 20214764. 696 697 Simmons CP, Farrar JJ, Nguyen v V, Wills B. Dengue. N Engl J Med. 5. 2012;366(15):1423-32. doi: 10.1056/NEJMra1110265. PubMed PMID: 22494122. 698 699 Weaver SC, Forrester NL. Chikungunya: Evolutionary history and recent epidemic 6. 700 spread. Antiviral Res. 2015;120:32-9. doi: 10.1016/j.antiviral.2015.04.016. PubMed PMID: 25979669. 701 702 7. Weaver SC, Costa F, Garcia-Blanco MA, Ko AI, Ribeiro GS, Saade G, et al. Zika virus: 703 History, emergence, biology, and prospects for control. Antiviral Res. 2016;130:69-80. doi: 704 10.1016/j.antiviral.2016.03.010. PubMed PMID: 26996139; PubMed Central PMCID: 705 PMCPMC4851879. Kuno G. Review of the factors modulating dengue transmission. Epidemiol Rev. 706 8. 707 1995;17(2):321-35. Epub 1995/01/01. PubMed PMID: 8654514. 708 9. Scott TW, Takken W. Feeding strategies of anthropophilic mosquitoes result in increased risk of pathogen transmission. Trends Parasitol. 2012;28(3):114-21. doi: 709 710 10.1016/j.pt.2012.01.001. PubMed PMID: 22300806. Perich MJ, Davila G, Turner A, Garcia A, Nelson M. Behavior of resting Aedes aegypti 711 10. 712 (Culicidae: Diptera) and its relation to ultra-low volume adulticide efficacy in Panama City, 713 Panama. J Med Entomol. 2000;37(4):541-6. PubMed PMID: 10916294. 714 Ritchie SA. Dengue Vector Bionomics: Why Aedes aegypti is Such a Good Vector. In: 11. Gubler DJ, Ooi EE, Vasudevan SG, Farrar J, editors. Dengue and dengue hemorrhagic fever. 2nd 715 716 edition. ed. Wallingford, Oxfordshire; Boston, MA: C.A.B. International; 2014. p. 455-80. 12. Reiter P. Surveillance and Control of Urban Dengue Vectors. In: Gubler DJ, Ooi EE, 717 718 Vasudevan SG, Farrar J, editors. Dengue and dengue hemorrhagic fever. 2nd edition. ed. Wallingford, Oxfordshire; Boston, MA: C.A.B. International; 2014. p. 484-521. 719 720 Edman JD, Scott TW, Costero A, Morrison AC, Harrington LC, Clark GG. Aedes 13. 721 aegypti (Diptera: Culicidae) movement influenced by availability of oviposition sites. J Med 722 Entomol. 1998;35(4):578-83. Epub 1998/08/14. PubMed PMID: 9701948. Harrington LC, Edman JD, Scott TW. Why do female Aedes aegypti (Diptera: Culicidae) 723 14. 724 feed preferentially and frequently on human blood? J Med Entomol. 2001;38(3):411-22. Epub 725 2001/05/25. PubMed PMID: 11372967. Harrington LC, Scott TW, Lerdthusnee K, Coleman RC, Costero A, Clark GG, et al. 726 15. 727 Dispersal of the dengue vector Aedes aegypti within and between rural communities. Am J Trop 728 Med Hyg. 2005;72(2):209-20. Epub 2005/03/03. doi: 72/2/209 [pii]. PubMed PMID: 15741559. 729 16. WHO/TDR, editor. Dengue: guidelines for diagnosis, treatment, prevention and control --730 New edition2009. 731 17. Scott TW, Naksathit A, Day JF, Kittayapong P, Edman JD. A fitness advantage for 732 Aedes aegypti and the viruses it transmits when females feed only on human blood. Am J Trop 733 Med Hyg. 1997;57(2):235-9. Epub 1997/08/01. PubMed PMID: 9288822.

Scott TW, Amerasinghe PH, Morrison AC, Lorenz LH, Clark GG, Strickman D, et al. 734 18. 735 Longitudinal studies of Aedes aegypti (Diptera: Culicidae) in Thailand and Puerto Rico: blood 736 feeding frequency. J Med Entomol. 2000;37(1):89-101. Epub 2004/06/29. PubMed PMID: 737 15218911. 19. 738 Morrison AC, Zielinski-Gutierrez E, Scott TW, Rosenberg R. Defining challenges and 739 proposing solutions for control of the virus vector Aedes aegypti. PLoS Med. 2008;5(3):e68. 740 Epub 2008/03/21. doi: 07-PLME-PF-2051 [pii] 10.1371/journal.pmed.0050068. PubMed PMID: 18351798; PubMed Central PMCID: 741 742 PMC2267811. 743 20. Perich MJ, Sherman C, Burge R, Gill E, Quintana M, Wirtz RA. Evaluation of the 744 efficacy of lambda-cyhalothrin applied as ultra-low volume and thermal fog for emergency 745 control of Aedes aegypti in Honduras. J Am Mosq Control Assoc. 2001;17(4):221-4. PubMed 746 PMID: 11804457. Perich MJ, Rocha NO, Castro AL, Alfaro AW, Platt KB, Solano T, et al. Evaluation of 747 21. 748 the efficacy of lambda-cyhalothrin applied by three spray application methods for emergency 749 control of Aedes aegypti in Costa Rica. J Am Mosq Control Assoc. 2003;19(1):58-62. PubMed 750 PMID: 12674536. 22. 751 Koenraadt CJ, Aldstadt J, Kijchalao U, Kengluecha A, Jones JW, Scott TW. Spatial and temporal patterns in the recovery of Aedes aegypti (Diptera: Culicidae) populations after 752 753 insecticide treatment. J Med Entomol. 2007;44(1):65-71. Epub 2007/02/14. PubMed PMID: 754 17294922. 755 23. Bowman LR, Donegan S, McCall PJ. Is Dengue Vector Control Deficient in Effectiveness or Evidence?: Systematic Review and Meta-analysis. PLoS Negl Trop Dis. 756 757 2016;10(3):e0004551. doi: 10.1371/journal.pntd.0004551. PubMed PMID: 26986468; PubMed 758 Central PMCID: PMCPMC4795802. 759 24. Pant CP, Mathis HL, Nelson MJ, Phanthumachinda B. A large-scale field trial of ultra-760 low-volume fenitrothion applied by a portable mist blower for the control of Aedes aegypti. Bull 761 World Health Organ. 1974;51(4):409-15. PubMed PMID: 4549492; PubMed Central PMCID: 762 PMCPMC2366306. Castro M. Quintana N. Quinones PM. [Evaluating two pyrethroids in dengue vector 763 25. 764 control in Putumayo, Colombia]. Rev Salud Publica (Bogota). 2007;9(1):106-16. PubMed 765 PMID: 17502968. 766 26. World Health Organization ROfS-EA. Comprehensive guidelines for prevention and 767 control of dengue annd dengue haemorrahagic fever. Revised and expanded edition. New Delhi: 768 WHO Regional Office for South-East Asia; 2011. Available from: 769 http://www.who.int/iris/handle/10665/204894. 770 27. Getis A, Morrison AC, Gray K, Scott TW. Characteristics of the spatial pattern of the 771 dengue vector, Aedes aegypti, in Iquitos, Peru. Am J Trop Med Hyg. 2003;69(5):494-505. Epub 772 2003/12/26. PubMed PMID: 14695086. 773 LaCon G, Morrison AC, Astete H, Stoddard ST, Paz-Soldan VA, Elder JP, et al. Shifting 28. 774 patterns of Aedes aegypti fine scale spatial clustering in Iquitos, Peru. PLoS Negl Trop Dis. 775 2014;8(8):e3038. doi: 10.1371/journal.pntd.0003038. PubMed PMID: 25102062; PubMed 776 Central PMCID: PMCPMC4125221. Morrison AC, Astete H, Chapilliquen F, Ramirez-Prada C, Diaz G, Getis A, et al. 777 29. 778 Evaluation of a sampling methodology for rapid assessment of Aedes aegypti infestation levels

779 in Iquitos, Peru. J Med Entomol. 2004;41(3):502-10. Epub 2004/06/10. PubMed PMID: 780 15185957. Morrison AC, Grav K, Getis A, Astete H, Sihuincha M, Focks D, et al. Temporal and 781 30. 782 geographic patterns of Aedes aegypti (Diptera: Culicidae) production in Iquitos, Peru. J Med 783 Entomol. 2004;41(6):1123-42. Epub 2004/12/21. PubMed PMID: 15605653. 784 Forshey BM, Guevara C, Laguna-Torres VA, Cespedes M, Vargas J, Gianella A, et al. 31. 785 Arboviral etiologies of acute febrile illnesses in Western South America, 2000-2007. PLoS neglected tropical diseases. 2010;4(8):e787. doi: 10.1371/journal.pntd.0000787. PubMed PMID: 786 787 20706628; PubMed Central PMCID: PMC2919378. Morrison AC, Minnick SL, Rocha C, Forshey BM, Stoddard ST, Getis A, et al. 788 32. 789 Epidemiology of dengue virus in Iquitos, Peru 1999 to 2005: interepidemic and epidemic 790 patterns of transmission. PLoS Negl Trop Dis. 2010;4(5):e670. Epub 2010/05/11. doi: 791 10.1371/journal.pntd.0000670. PubMed PMID: 20454609; PubMed Central PMCID: 792 PMC2864256. 793 Rocha C, Morrison AC, Forshey BM, Blair PJ, Olson JG, Stancil JD, et al. Comparison 33. 794 of two active surveillance programs for the detection of clinical dengue cases in Iquitos, Peru. 795 Am J Trop Med Hyg. 2009;80(4):656-60. Epub 2009/04/07. doi: 80/4/656 [pii]. PubMed PMID: 796 19346395. 797 34. Stoddard ST, Forshey BM, Morrison AC, Paz-Soldan VA, Vazquez-Prokopec GM, 798 Astete H, et al. House-to-house human movement drives dengue virus transmission. Proc Natl 799 Acad Sci U S A. 2013;110(3):994-9. doi: 10.1073/pnas.1213349110. PubMed PMID: 23277539; 800 PubMed Central PMCID: PMCPMC3549073. Stoddard ST, Wearing HJ, Reiner RC, Jr., Morrison AC, Astete H, Vilcarromero S, et al. 801 35. 802 Long-term and seasonal dynamics of dengue in Iquitos, Peru. PLoS Negl Trop Dis. 803 2014;8(7):e3003. doi: 10.1371/journal.pntd.0003003. PubMed PMID: 25033412; PubMed 804 Central PMCID: PMCPMC4102451. Morrison A, Astete H, Rocha C, Lopez V, Olson J, Kochel T, et al. Impact of the dengue 805 36. 806 vector control system (DVCS) on Aedes aegypti populations in Iquitos, Peru 2004-2005. American Journal of Tropical Medicine and Hygiene. 2005;73(6):326-. PubMed PMID: 807 808 WOS:000202990001415. Morrison AC, Astete H, C. R, H. R, G.A. S, F. A, et al. Evaluation of Emergency Vector 37. 809 810 Control Measures during a Dengue Epidemic in Iquitos, Peru 2002-2003. American Journal of 811 Tropical Medicine and Hygiene. 2003; Abstract. 812 Legros M, Magori K, Morrison AC, Xu C, Scott TW, Llovd AL, et al. Evaluation of 38. 813 Location-Specific Predictions by a Detailed Simulation Model of Aedes aegypti Populations. 814 PLoS One. 2011;6(7):e22701. Epub 2011/07/30. doi: 10.1371/journal.pone.0022701 815 PONE-D-10-05874 [pii]. PubMed PMID: 21799936; PubMed Central PMCID: PMC3143176. Magori K, Legros M, Puente ME, Focks DA, Scott TW, Lloyd AL, et al. Skeeter Buster: 816 39. 817 a stochastic, spatially explicit modeling tool for studying Aedes aegypti population replacement and population suppression strategies. PLoS Negl Trop Dis. 2009;3(9):e508. Epub 2009/09/02. 818 819 doi: 10.1371/journal.pntd.0000508. PubMed PMID: 19721700; PubMed Central PMCID: 820 PMC2728493. 821 40. Morrison AC, Sihuincha M, Stancil JD, Zamora E, Astete H, Olson JG, et al. Aedes aegypti (Diptera: Culicidae) production from non-residential sites in the Amazonian city of 822 823 Iquitos, Peru. Ann Trop Med Parasitol. 2006;100 Suppl 1:S73-S86. Epub 2006/04/25. doi: 824 10.1179/136485906X105534. PubMed PMID: 16630393.

Schneider JR, Morrison AC, Astete H, Scott TW, Wilson ML. Adult size and distribution 825 41. 826 of Aedes aegypti (Diptera: Culicidae) associated with larval habitats in Iquitos, Peru. J Med 827 Entomol. 2004;41(4):634-42. Epub 2004/08/18. PubMed PMID: 15311454. 828 Watts DM, Porter KR, Putvatana P, Vasquez B, Calampa C, Hayes CG, et al. Failure of 42. 829 secondary infection with American genotype dengue 2 to cause dengue haemorrhagic fever. 830 Lancet. 1999;354(9188):1431-4. Epub 1999/10/30. doi: S0140-6736(99)04015-5 [pii] 10.1016/S0140-6736(99)04015-5. PubMed PMID: 10543670. 831 Hayes CG, Phillips IA, Callahan JD, Griebenow WF, Hyams KC, Wu SJ, et al. The 832 43. 833 epidemiology of dengue virus infection among urban, jungle, and rural populations in the Amazon region of Peru. Am J Trop Med Hyg. 1996;55(4):459-63. Epub 1996/10/01. PubMed 834 835 PMID: 8916809. 836 Paz-Soldan VA, Plasai V, Morrison AC, Rios-Lopez EJ, Guedez-Gonzales S, Grieco JP, 44. et al. Initial assessment of the acceptability of a Push-Pull Aedes aegypti control strategy in 837 838 Iquitos, Peru and Kanchanaburi, Thailand. Am J Trop Med Hyg. 2011;84(2):208-17. Epub 839 2011/02/05. doi: 84/2/208 [pii] 10.4269/ajtmh.2011.09-0615. PubMed PMID: 21292886; PubMed Central PMCID: 840 841 PMC3029169. 842 45. Palomino-Salcedo M. [Estado de susceptibilidad de la población natural de Aedes aegypti a los insecticidas en Punchana-Iquitos, Región Loreto (Novimbre 2014). Instituto Nacional de 843 844 Salud, Peru, 2014. Vazquez-Prokopec GM, Galvin WA, Kelly R, Kitron U. A new, cost-effective, battery-845 46. 846 powered aspirator for adult mosquito collections. J Med Entomol. 2009;46(6):1256-9. Epub 2009/12/08. PubMed PMID: 19960668; PubMed Central PMCID: PMC2800949. 847 848 Focks DA, Brenner RJ, Haves J, Daniels E. Transmission thresholds for dengue in terms 47. 849 of Aedes aegypti pupae per person with discussion of their utility in source reduction efforts. Am 850 J Trop Med Hyg. 2000;62(1):11-8. Epub 2000/04/13. PubMed PMID: 10761719. 851 48. Focks DA, Chadee DD. Pupal survey: an epidemiologically significant surveillance 852 method for Aedes aegypti: an example using data from Trinidad. Am J Trop Med Hyg. 1997;56(2):159-67. Epub 1997/02/01. PubMed PMID: 9080874. 853 854 Focks DA, Haile DG, Daniels E, Mount GA. Dynamic life table model for Aedes aegypti 49. 855 (Diptera: Culicidae): analysis of the literature and model development. J Med Entomol. 856 1993;30(6):1003-17. Epub 1993/11/01. PubMed PMID: 8271242. 857 50. Organization WH. Report of the Eighth WHOPES Working Group Meeting. Guidelines 858 for laboratory and field testing of mosquito larvicides. Geneva, Switzerland: 2005 Contract No.: 859 WHO/CDS/WHOPES/GCDPP/2005.13. 860 51. Reiter P, Nathan MB. Report of the WHO INformal Consultation on the evaluation and 861 testing of insecticides-Guía para la evaluación de la eficacia del rociado espacial de insecticidas 862 para el control del dengue. Geneva, Switzerland: World Health Organization, 2003 Contract 863 No.: WHO/CTD/WHOPES/IC/96.1. Zeileis A, Kleiber C, Jackman S. Regression Models for Count Data in R. Journal of 864 52. 865 Statistical Software. 2008;27(1):1-25. doi: 10.18637/jss.v027.i08. 866 53. Lenth R. Lsmeans: Least-Squares Means 2015. Available from: https://CRAN.R-867 project.org/package=lsmeans. James S, Simmons CP, James AA. Ecology. Mosquito trials. Science. 868 54. 869 2011;334(6057):771-2. doi: 10.1126/science.1213798. PubMed PMID: 22076370.

Andersson N, Nava-Aguilera E, Arostegui J, Morales-Perez A, Suazo-Laguna H, 870 55. 871 Legorreta-Soberanis J, et al. Evidence based community mobilization for dengue prevention in Nicaragua and Mexico (Camino Verde, the Green Way): cluster randomized controlled trial. 872 873 BMJ. 2015;351:h3267. doi: 10.1136/bmj.h3267. PubMed PMID: 26156323; PubMed Central 874 PMCID: PMCPMC4495677. 875 Achee NL, Gould F, Perkins TA, Reiner RC, Jr., Morrison AC, Ritchie SA, et al. A 56. critical assessment of vector control for dengue prevention. PLoS Negl Trop Dis. 876 2015;9(5):e0003655. doi: 10.1371/journal.pntd.0003655. PubMed PMID: 25951103; PubMed 877 878 Central PMCID: PMCPMC4423954. 879 Runge-Ranzinger S, Kroeger A, Olliaro P, McCall PJ, Sanchez Tejeda G, Llovd LS, et al. 57. 880 Dengue Contingency Planning: From Research to Policy and Practice. PLoS Negl Trop Dis. 881 2016;10(9):e0004916. doi: 10.1371/journal.pntd.0004916. PubMed PMID: 27653786. Newton EA, Reiter P. A model of the transmission of dengue fever with an evaluation of 882 58. 883 the impact of ultra-low volume (ULV) insecticide applications on dengue epidemics. Am J Trop 884 Med Hyg. 1992;47(6):709-20. Epub 1992/12/01. PubMed PMID: 1361721. 885 59. Reiner RC, Jr., Achee N, Barrera R, Burkot TR, Chadee DD, Devine GJ, et al. Ouantifying the Epidemiological Impact of Vector Control on Dengue. PLoS Negl Trop Dis. 886 2016;10(5):e0004588. doi: 10.1371/journal.pntd.0004588. PubMed PMID: 27227829; PubMed 887 Central PMCID: PMCPMC4881945. 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902

Efficacy of Aedes aegypti control by ULV indoor spraying in Iquitos, Peru $_{\rm November~22,~2017}$

Figures

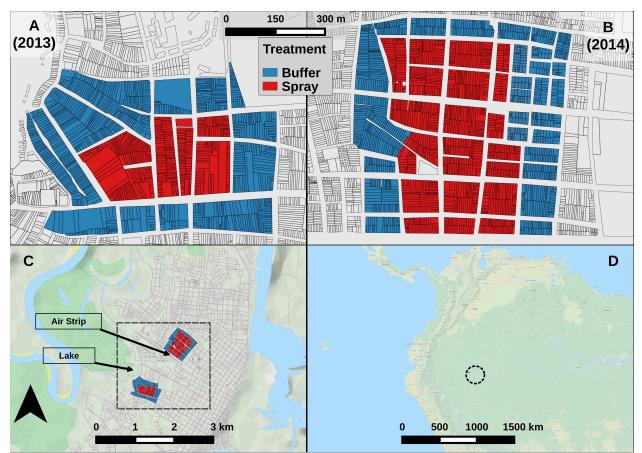
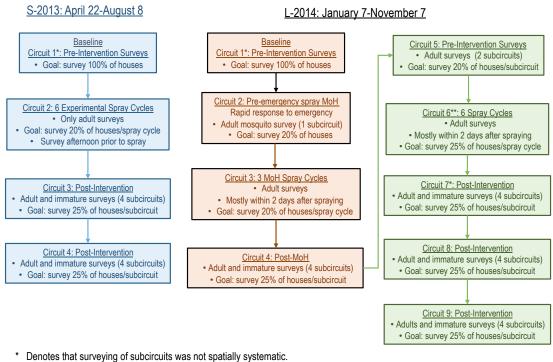


Figure 1. Map of experiment areas. A, B: Detail of experimental areas, showing individual houses. Color shows sector. C: City of Iquitos. Black box highlights experimental areas. D: Regional map. Black circle highlights Iquitos. See also Fig. S6.



**The first subcircuit of the post-intervention circuit (C7) was grouped with the experimental spray circuit (C6) due to temporal overlap with the spray period.

Figure 2. Experiment timeline. Each box shows one circuit. With one exception (L-2014 C2), each house was visited (and possibly surveyed) at least once per circuit. Except where noted, each circuit consisted of one or more spatially systematic subcircuits. Each subcircuit lasted approximately one calendar week. See Fig. S7 for survey maps.

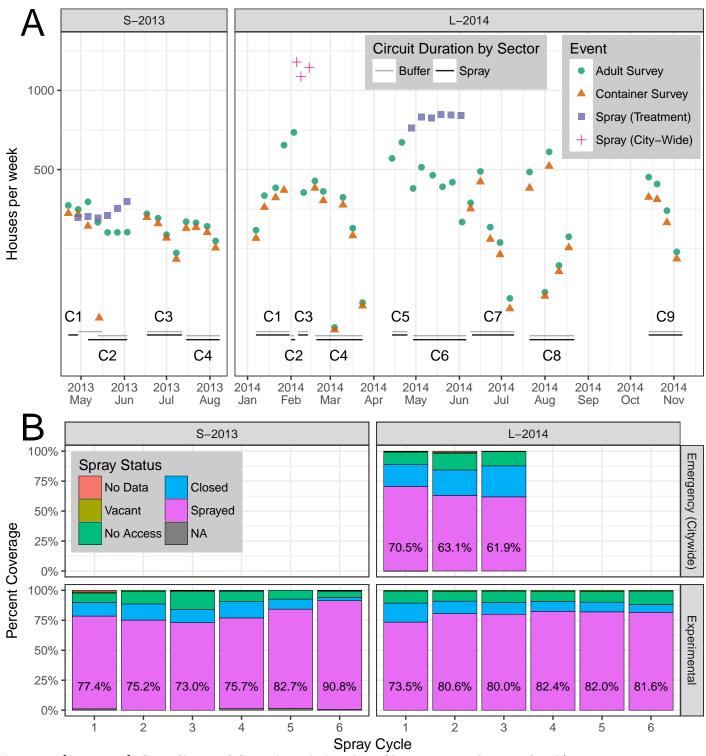


Figure 3. [ts_survey]. Sampling and Spraying. A: Number of houses per week sprayed and/or surveyed. Circuits are labeled (e.g., C1), with date ranges shown by horizontal bars. Containers were not surveyed during spray periods. The first two emergency (citywide) spray events (red +) occurred within the same calendar week, but are plotted separately here. B: Spray coverage by spray cycle. Percent houses sprayed is shown in text. Top row: emergency (citywide) spraying. Bottom row: experimental spraying. Note that emergency citywide spraying (3 cycles) occurred only during L-2014.

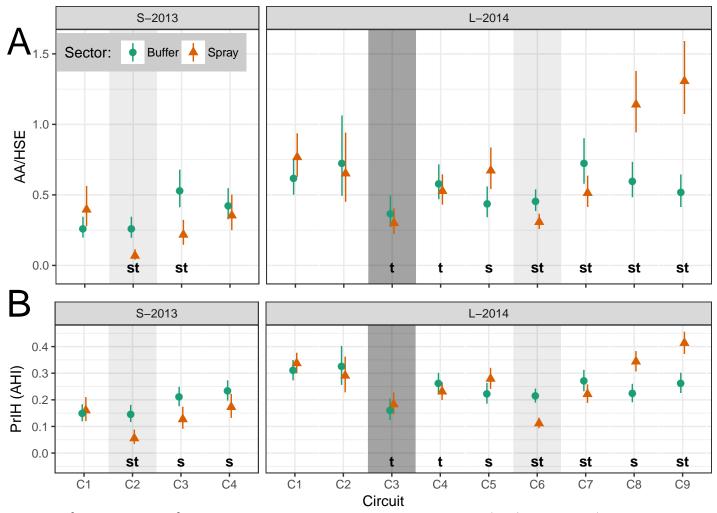


Figure 4. [hypoth_circuit2]. Model estimates of Ae. aegypti adults per house (AA/HSE, top row) and proportion infested houses (PrIH = AHI, bottom row). A separate generalized linear model (GLM) was constructed for each experiment (column) and for each measured response (row). A: AA/HSE: negative binomial GLM (NB-GLM). B: PrIH: logistic GLM (L-GLM). Models describe response of measure (row) to time period (X-axis) and treatment sector (color). Shading indicates spray events: experimental spraying (light) and citywide spraying (dark). Vertical bars show 95% CI; non-overlapping CI indicate highly significant difference. Letters (s, t) indicate significant differences between pairwise contrasts: s, between sector (within time, Table S2); t, between time (within spray sector, relative to baseline C1, Table S3). See also Tables S6A-S6B, Tables S7A-S7B, and Fig. S5.

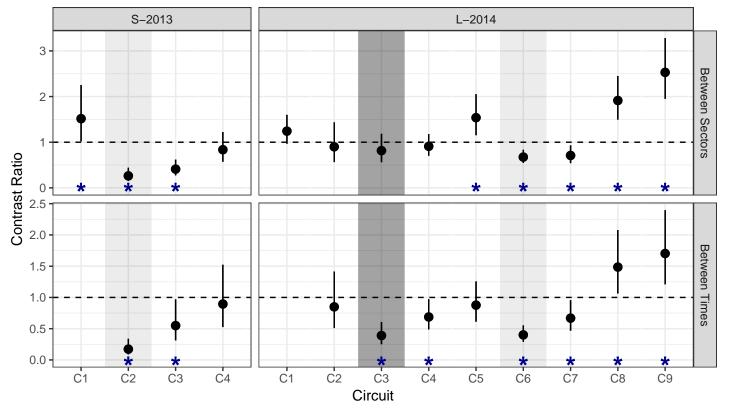


Figure 5. [contrast]. Contrast Ratios of AA/HSE, based on NB-GLM models shown in Fig. 4A. Top row (between-sector): Spray/Buffer. Bottom row (between-time, within spray sector): contrast relative to baseline (C1). Vertical bars show 95% CI. Horizontal dashed line indicates H_0 of equality (ratio = 1). Asterisks (*) indicate significant difference between pairwise contrasts (reject H_0).

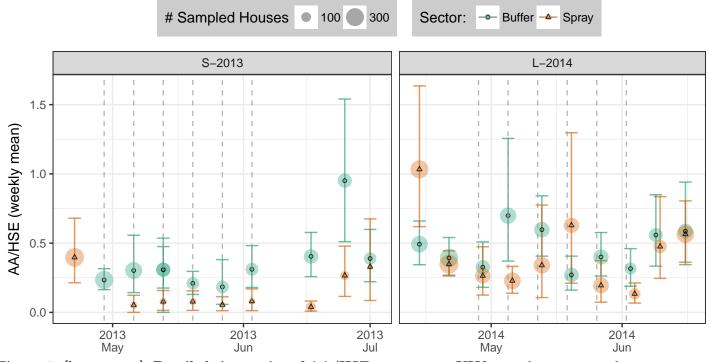


Figure 6. [boot_zoom]. Detailed time series of AA/HSE response to ULV spraying, aggregated by week. X-axis shows week start date. Color and symbol shape shows sector (orange triangle: spray sector). Point size shows number of surveyed houses. Vertical dashed lines show approximate dates of experimental spraying (spray sector only). Vertical colored bars show bootstrap 95% CI (1e+04 draws per circuit).

Tables

Experiment	Sector	Houses	Surveys	Sampled	Adults:	Sampled	Containers:	Dissected	Females:
				Female	Total	Positive	Total	Nulliparous	Total
S-2013	Buffer	765	2448	439	904	236	5311	49	406
S-2013	Spray	398	1395	153	354	109	2170	23	142
L-2014	Buffer	1051	5810	1585	3165	251	6811	81	1444
L-2014	Spray	1110	6314	2092	4244	278	7454	191	2004

Table 1. [tab_count]. Observation counts, including houses, surveys, adults, containers, and adult female dissections (parity). Note that houses were surveyed repeatedly. Only *Ae. aegypti* mosquitoes are included here. Positive containers have visible eggs, larvae, or pupae. Nearly all sampled adult females (column 5) were dissected to determine parity status (columns 9 & 10). See also Table S1.

Experiment	Assay	nObs	Group	Est	SE	95% CI
S-2013	Kill (24 Hours)	112	a	0.94	0.01	0.90-0.96
L-2014	Kill (24 Hours)	76	b	0.75	0.05	0.62 - 0.84
S-2013	Knockdown (1 Hour)	112	a	0.94	0.02	0.86-0.97
L-2014	Knockdown (1 Hour)	76	b	0.65	0.10	0.41- 0.83

Table 2. [tab_cage]. Effect of year on *Ae. aegypti* control cage knockdown and mortality, showing a significant decrease in spray efficacy in L-2014. A separate logistic generalized linear mixed model (L-GLMM) was fit for each assay (separated by horizontal line). Year is a fixed effect. Spray cycle and house are nested random effects. Each cage contains 25 mosquitoes taken from a field-derived colony. See also Fig. S3.

Supporting Information for Efficacy of Aedes aegypti control by indoor Ultra Low Volume (ULV) spraying in Iquitos, Peru

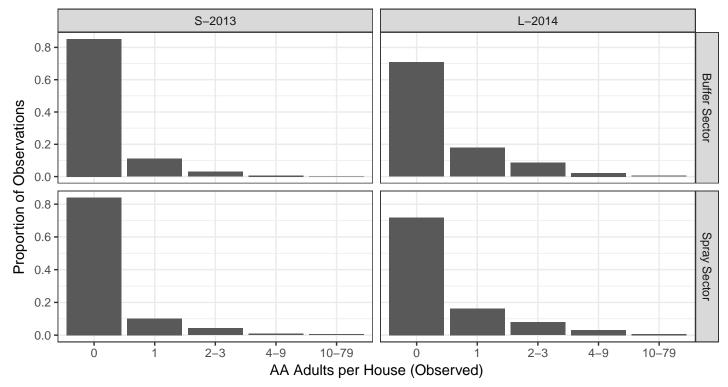


Figure S1. [adult_baseline]. Histogram of AA/HSE at baseline (C1). Rows show treatment sector. X-axis is sqrt-scaled. The majority of house surveys find no adults.

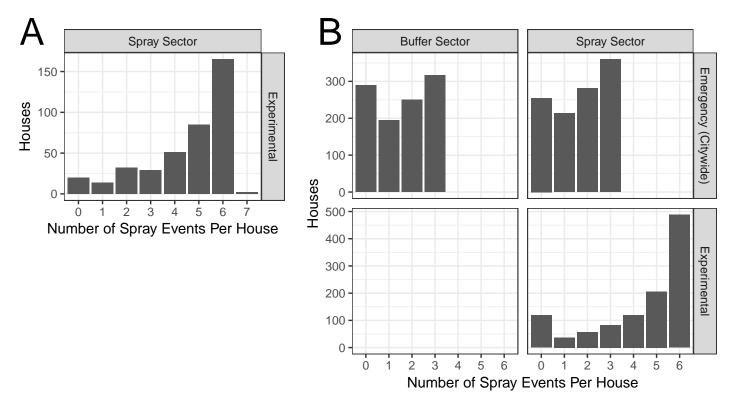


Figure S2. [spray_hist]. Summary of spray coverage in S-2013 (A) and L-2014 (B). In both years, most houses were sprayed in at least 5 out of 6 spray cycles, while a small number of houses were never sprayed. In L-2014, experimental spray coverage was much higher than emergency (citywide) spray coverage.

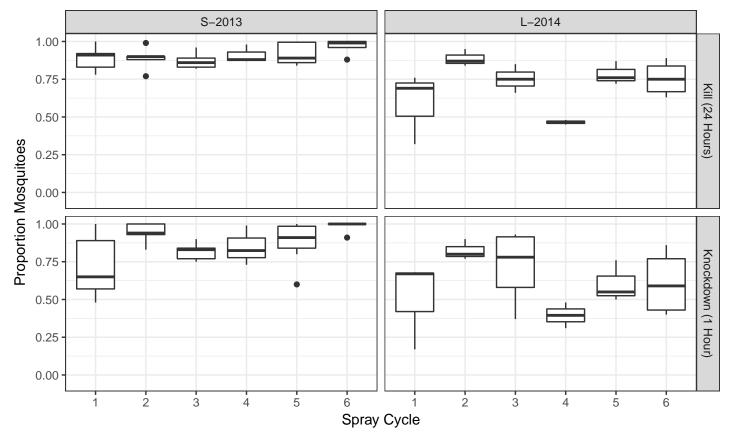


Figure S3. [cage]. Boxplot of control cage house means: 25 adults per cage, 4 cages per house, approx 5 houses per spray cycle. Insects were from a laboratory colony (one colony per year).

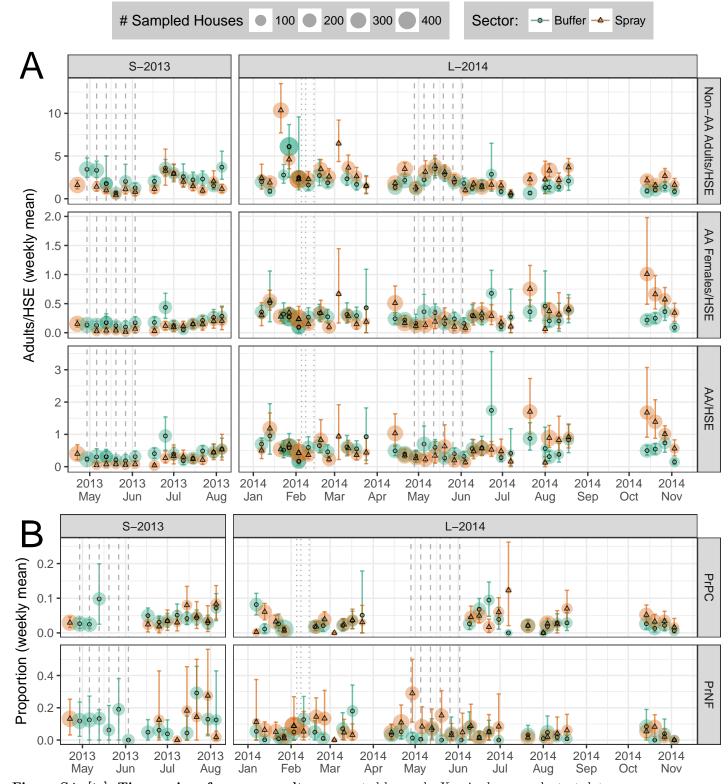


Figure S4. [ts]. **Time series of survey results**, aggregated by week. X-axis shows week start date. Color and line-type shows treatment sector (orange dashed = Spray Sector). Point size shows number of surveyed houses. Vertical lines show approximate spray dates: dashed, experimental spraying (spray sector only); dotted, citywide spraying (Feb 2014, all sectors). Vertical colored bars show bootstrap 95% CI (1e+04 draws per circuit). A: Adult surveys. **B:** Container (PrPC) and Parity (PrNF) Surveys.

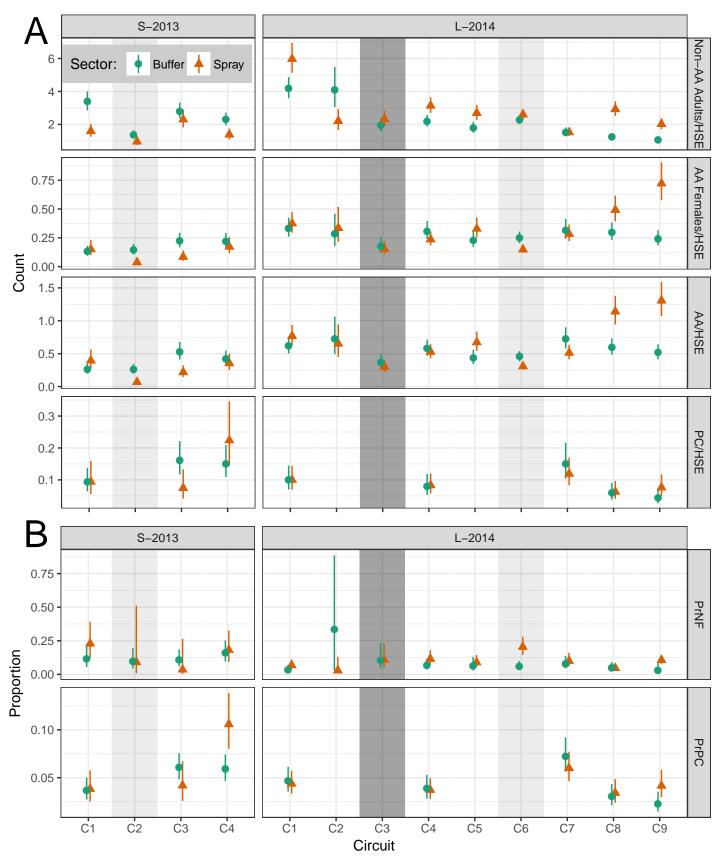


Figure S5. [hypoth_full]. Model results, as in Fig. 4. All models include fixed effects of sector and circuit, with a separate model for each year. A, Counts: negative binomial GLM (NB-GLM). B, Proportions: logistic GLM (L-GLM). Note that Breteau Index (BI) = $100 \times PC/HSE$. See also Tables S2-S10B.

Experiment	Circuit	Weeks	Treatment	Houses	Surveys	Full Surveys	Buffer	Spray
S-2013	C1	01-04		943	944	863	613	331
S-2013	C2	03-07		433	603	0	603	0
S-2013	C2	03-07	Exper. spray	246	380	0	0	380
S-2013	C3	09-12		935	949	885	618	331
S-2013	C4	13 - 16		930	967	882	614	353
L-2014	C1	01-04		1470	1473	1289	729	744
L-2014	C2	04-05		430	430	0	203	227
L-2014	C3	05-06	Citywide spray	792	848	0	411	437
L-2014	C4	07 - 12		1452	1500	1359	704	796
L-2014	C5	15 - 16		1206	1212	0	567	645
L-2014	C6	17-21		777	1202	0	1202	0
L-2014	C6	17-21	Exper. spray	869	1300	0	0	1300
L-2014	C7	22 - 27		1287	1319	1147	610	709
L-2014	C8	29-33		1461	1482	1267	720	762
L-2014	C9	41-44		1339	1358	1125	664	694

Table S1. [tab_count_circuit2]. Observation counts by Circuit. Weeks: Week number from experiment start. Houses: number of unique houses surveyed. Surveys: total surveys (either adult, or combined adult and immature). Full Surveys: surveys where both adult and immatures were surveyed. Buffer, Spray: surveys in buffer and spray sector, respectively.

Experiment	Circuit	Weeks	Treatment	Ratio	SE	p.value
S-2013	C1	01-04		1.52	0.31	0.0395
S-2013	C2	03-07	Exper. spray	0.26	0.07	4.16e-07
S-2013	C3	09-12		0.41	0.09	2.19e-05
S-2013	C4	13-16		0.84	0.16	0.357
L-2014	C1	01-04		1.24	0.16	0.09
L-2014	C2	04-05		0.90	0.21	0.659
L-2014	C3	05-06	Citywide spray	0.82	0.15	0.284
L-2014	C4	07 - 12		0.91	0.12	0.474
L-2014	C5	15 - 16		1.54	0.23	0.0034
L-2014	C6	17-21	Exper. spray	0.67	0.07	0.00028
L-2014	C7	22 - 27		0.71	0.10	0.0132
L-2014	C8	29-33		1.91	0.24	2.72e-07
L-2014	C9	41-44		2.53	0.34	2.67e-12

Table S2. [tab_contr_tx]. Comparison between sectors (within time): Ratio of AA/HSE in spray sector relative to buffer sector (spray/buffer). Bold p.values: significant difference between sectors. In both years, the spray sector starts with more adults per house, and spraying reduces AA/HSE relative to buffer sectors. As in Table S3, the effects of spraying are most pronounced in 2013. See also Fig. 4A.

Experiment	Circuit	Weeks	Treatment	Ratio	SE	p.value
S-2013	C2	03-07	Exper. spray	0.17	0.05	1.24e-09
S-2013	C3	09-12		0.55	0.13	0.0351
S-2013	C4	13-16		0.89	0.20	0.944
L-2014	C2	04-05		0.85	0.16	0.979
L-2014	C3	05-06	Citywide spray	0.39	0.06	4.87e-08
L-2014	C4	07 - 12		0.69	0.09	0.0251
L-2014	C5	15 - 16		0.88	0.12	0.954
L-2014	C6	17-21	Exper. spray	0.40	0.05	8.97e-14
L-2014	C7	22 - 27		0.67	0.09	0.0173
L-2014	C8	29-33		1.49	0.18	0.0103
L-2014	C9	41-44		1.70	0.21	0.000172

Table S3. [tab_contr_time]. Comparison between times (within spray sector): Ratio of AA/HSE relative to baseline (C1, spray sector only). Bold p.values: significant difference from baseline circuit. In both years, spraying reduces AA/HSE relative to baseline (C1). The effects of spraying are most pronounced in 2013, but are short-lived in both years. See also Fig. 4A.

Experiment	Contrast	Ratio	SE	p.value
S-2013	No Prior Spray / Prior Spray	1.69	1.20	0.711
L-2014	No Prior Spray / Prior Spray	2.01	0.62	0.0467
L-2014	Timing Unclear / Prior Spray	0.71	0.26	0.568

Table S4. [tab_contr_spray]. Comparison between spray status (whether house was sprayed in prior week): Ratio of AA/HSE in houses that were or were not sprayed in the week prior to surveying (no prior spray / prior spray). Bold p.values: In L-2014, houses without prior spraying yielded significantly more adults than houses with prior spraying. In S-2013, most houses were sprayed in the prior week. In L-2014, the exact date of spraying was uncertain for a small number of houses. See also Table S5.

Experiment	Spray.status	nObs	Group	Est	SE	95% CI
S-2013	Prior Spray	315	b	0.06	0.02	0.03-0.14
S-2013	No Prior Spray	56	ab	0.11	0.07	0.02 - 0.58
L-2014	Prior Spray	890	a	0.28	0.04	0.19- 0.40
L-2014	No Prior Spray	205	a	0.56	0.15	0.27 - 1.15
L-2014	Timing Unclear	164	ab	0.20	0.07	0.08 - 0.48

Table S5. [tab_hsd_spray]. Effect of spray in previous week on AA/HSE. A single model (NB-GLM) includes both experiment year and spray status as predictors. Only house surveys in the spray sector during experimental spraying are included (i.e., S-2013 Circuit 2 and L-2014 Circuit 6). See also Table S4.

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Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04		Buffer	613	ab	0.26	0.03	0.19 - 0.37
C2	03-07		Buffer	603	ab	0.26	0.03	0.18 - 0.37
C3	09-12		Buffer	618	с	0.53	0.06	0.39 - 0.72
C4	13 - 16		Buffer	614	аc	0.42	0.05	0.31 - 0.58
C1	01-04		Spray	331	abc	0.40	0.06	0.26 - 0.61
C2	03-07	Exper. spray	Spray	380	d	0.07	0.02	0.04 - 0.13
C3	09-12		Spray	331	b	0.22	0.04	0.13 - 0.35
C4	13 - 16		Spray	353	abc	0.35	0.06	0.23 - 0.54

Table S6A. [tab_hsd_aedes_2013]. Ae. aegypti adults per house (AA/HSE), 2013. Model estimates by circuit and treatment sector. Horizontal line separates treatment sectors; significance groups (Tukey HSD) compare among all rows. See Fig. 4A for model description.

Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04		Buffer	729	abcd	0.62	0.06	0.47-0.81
C2	04-05		Buffer	203	abcdef	0.72	0.12	0.43 - 1.21
C3	05-06	Citywide spray	Buffer	411	a gh	0.37	0.05	0.25 - 0.55
C4	07 - 12		Buffer	704	abcd	0.58	0.05	0.44 - 0.77
C5	15 - 16		Buffer	567	abc gh	0.44	0.05	0.31 - 0.61
C6	17-21		Buffer	1202	ac g	0.46	0.03	0.36 - 0.57
C7	22 - 27		Buffer	610	b d	0.72	0.07	0.54 - 0.97
C8	29 - 33		Buffer	720	abcd	0.60	0.06	0.45 - 0.79
C9	41-44		Buffer	664	abcd g	0.52	0.05	0.38 - 0.69
C1	01-04		Spray	744	de	0.77	0.07	0.59 - 1.00
C2	04-05		Spray	227	abcde	0.65	0.11	0.40 - 1.07
C3	05-06	Citywide spray	Spray	437	gh	0.30	0.04	0.20 - 0.45
C4	07 - 12		Spray	796	abcd g	0.53	0.05	0.40 - 0.69
C5	15 - 16		Spray	645	bcd	0.67	0.07	0.50 - 0.90
C6	17-21	Exper. spray	Spray	1300	h	0.31	0.02	0.24 - 0.39
C7	22 - 27		Spray	709	abcd g	0.51	0.05	0.39 - 0.68
C8	29 - 33		Spray	762	ef	1.14	0.10	0.89 - 1.47
C9	41-44		Spray	694	f	1.31	0.12	1.01 - 1.70
						/ A A /-		

Table S6B. [tab_hsd_aedes_2014]. Ae. aegypti adults per house (AA/HSE), 2014. See Table S6A for details.

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Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04		Buffer	613	ab	0.15	0.01	0.11-0.19
C2	03-07		Buffer	603	ab	0.15	0.01	0.11 - 0.19
C3	09-12		Buffer	618	a c	0.21	0.02	0.17 - 0.26
C4	13 - 16		Buffer	614	с	0.23	0.02	0.19 - 0.28
C1	01-04		Spray	331	abc	0.16	0.02	0.11-0.22
C2	03-07	Exper. spray	Spray	380	d	0.06	0.01	0.03 - 0.10
C3	09-12		Spray	331	b	0.13	0.02	0.08 - 0.19
C4	13 - 16		Spray	353	abc	0.17	0.02	0.12 - 0.23

Table S7A. [tab_hsd_infest_2013]. Proportion Ae. aegypti adult-infested houses (PrIH), 2013. Model estimates by circuit and treatment sector. Horizontal line separates treatment sectors; significance groups (Tukey HSD) compare among all rows. See Fig. 4B for model description.

Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04		Buffer	729	ab	0.31	0.02	0.26-0.36
C2	04-05		Buffer	203	abcd	0.33	0.03	0.24 - 0.43
C3	05-06	Citywide spray	Buffer	411	ef	0.16	0.02	0.11 - 0.22
C4	07 - 12		Buffer	704	abc g	0.26	0.02	0.22 - 0.32
C5	15 - 16		Buffer	567	ceg	0.22	0.02	0.17 - 0.28
C6	17-21		Buffer	1202	ceg	0.21	0.01	0.18 - 0.25
C7	22 - 27		Buffer	610	abc g	0.27	0.02	0.22 - 0.33
C8	29-33		Buffer	720	ceg	0.22	0.02	0.18 - 0.27
C9	41-44		Buffer	664	abc g	0.26	0.02	0.21 - 0.32
C1	01-04		Spray	744	a d	0.34	0.02	0.29-0.39
C2	04-05		Spray	227	abcd g	0.29	0.03	0.21 - 0.39
C3	05-06	Citywide spray	Spray	437	e g	0.18	0.02	0.13 - 0.24
C4	07 - 12		Spray	796	bc e g	0.23	0.01	0.19 - 0.28
C5	15 - 16		Spray	645	abc	0.28	0.02	0.23 - 0.33
C6	17-21	Exper. spray	Spray	1300	f	0.11	0.01	0.09 - 0.14
C7	22 - 27		Spray	709	ceg	0.22	0.02	0.18 - 0.27
C8	29-33		Spray	762	a d	0.34	0.02	0.29 - 0.40
C9	41-44		Spray	694	d	0.41	0.02	0.36 - 0.47

Table S7B. [tab_hsd_infest_2014]. Proportion Ae. aegypti adult-infested houses (PrIH), 2014. See Table S7A for details.

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Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04		Buffer	58	a	0.11	0.04	0.05-0.25
C2	03-07		Buffer	52	a	0.10	0.03	0.04 - 0.22
C3	09-12		Buffer	73	a	0.11	0.03	0.05 - 0.21
C4	13 - 16		Buffer	92	a	0.16	0.03	0.09-0.28
C1	01-04		Spray	32	a	0.23	0.06	0.10-0.43
C2	03-07	Exper. spray	Spray	9	a	0.09	0.09	0.01- 0.64
C3	09-12		Spray	23	a	0.04	0.04	0.00 - 0.37
C4	13 - 16		Spray	34	a	0.18	0.05	0.08 - 0.37

Table S8A. [tab_hsd_par_2013]. Proportion nulliparouous *Ae. aegypti* females (PrNF), 2013. Model estimates by circuit and treatment sector. Horizontal line separates treatment sectors; significance groups (Tukey HSD) compare among all rows. See also Fig. S5.

Circuit	Weeks	Treatment	Sector	nObs	Group	Est	SE	95% CI
C1	01-04	ireatment	Buffer	144	a	0.03	0.01	0.01-0.09
C1 C2	01-04 04-05		Buffer	3		0.03	0.01 0.27	0.01-0.05 0.01-0.95
-		<u>Cit</u> 11		-	ab			
C3	05-06	Citywide spray	Buffer	39	ab	0.10	0.04	0.03 - 0.29
C4	07 - 12		Buffer	120	a	0.07	0.02	0.03 - 0.14
C5	15 - 16		Buffer	76	ab	0.06	0.02	0.02 - 0.17
C6	17-21		Buffer	155	a	0.06	0.01	0.03 - 0.12
C7	22 - 27		Buffer	93	ab	0.08	0.02	0.04 - 0.16
C8	29-33		Buffer	95	a	0.05	0.01	0.02 - 0.11
C9	41-44		Buffer	93	a	0.03	0.01	0.01 - 0.12
C1	01-04		Spray	155	a	0.07	0.02	0.03-0.13
C2	04-05		Spray	39	ab	0.03	0.02	0.00 - 0.21
C3	05-06	Citywide spray	Spray	47	ab	0.11	0.04	0.04 - 0.29
C4	07 - 12		Spray	106	ab	0.12	0.02	0.06 - 0.21
C5	15 - 16		Spray	101	ab	0.09	0.02	0.04 - 0.17
C6	17-21	Exper. spray	Spray	95	b	0.20	0.03	0.13 - 0.31
C7	22 - 27		Spray	96	ab	0.10	0.02	0.05 - 0.19
C8	29-33		Spray	161	a	0.05	0.01	0.02 - 0.09
C9	41-44		Spray	197	ab	0.11	0.01	0.07 - 0.16

Table S8B. [tab_hsd_par_2014]. Proportion nulliparouous Ae. aegypti females (PrNF), 2014.See Table S8A for details.

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-	Circuit	Weeks	Sector	nObs	Group	Est	SE	95% CI
	C1	01-04	Buffer	565	a	0.09	0.02	0.060-0.147
	C3	09-12	Buffer	590	ab	0.16	0.02	0.111 - 0.234
	C4	13 - 16	Buffer	583	ab	0.15	0.02	0.103 - 0.221
	C1	01-04	Spray	297	ab	0.09	0.02	0.051-0.175
	C3	09-12	Spray	282	a	0.07	0.02	0.038 - 0.148
	C4	13 - 16	Spray	268	b	0.22	0.04	0.134 - 0.373

Table S9A. [tab_hsd_bi_2013]. Ae. aegypti Positive Containers per House (PC/HSE), 2013. Note that Breteau index (BI) = $100 \times$ estimate. Model estimates by circuit and treatment sector. Horizontal line separates treatment sectors; significance groups (Tukey HSD) compare among all rows. No container surveys were conducted during spraying. See also Fig. S5.

Circuit	Weeks	Sector	nObs	Group	Est	SE	95% CI
C1	01-04	Buffer	638	abc	0.10	0.02	0.063-0.159
C4	07 - 12	Buffer	606	abc	0.08	0.01	0.048 - 0.131
C7	22 - 27	Buffer	514	a	0.15	0.02	0.095 - 0.237
C8	29-33	Buffer	629	bc	0.06	0.01	0.034 - 0.102
C9	41-44	Buffer	564	b	0.04	0.01	0.023- 0.084
C1	01-04	Spray	649	abc	0.10	0.02	0.064 - 0.158
C4	07 - 12	Spray	710	abc	0.08	0.01	0.052 - 0.132
C7	22 - 27	Spray	613	a c	0.12	0.02	0.076 - 0.186
C8	29-33	Spray	621	bc	0.06	0.01	0.037 - 0.108
C9	41-44	Spray	551	abc	0.08	0.01	0.045 - 0.130

Table S9B. [tab_hsd_bi_2014]. Ae. aegypti Positive Containers per House (PC/HSE), 2014. Note that Breteau index (BI) = $100 \times$ estimate. See Table S9A for details.

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Circuit	Weeks	Sector	nObs	Group	Est	SE	95% CI
C1	01-04	Buffer	565	a	0.04	0.00	0.026 - 0.053
C3	09-12	Buffer	590	b	0.06	0.01	0.047 - 0.079
C4	13 - 16	Buffer	583	ab	0.06	0.01	0.045 - 0.077
C1	01-04	Spray	297	ab	0.04	0.01	0.023 - 0.062
C3	09-12	Spray	282	ab	0.04	0.01	0.024 - 0.073
C4	13 - 16	Spray	268	с	0.11	0.01	0.076 - 0.145

Table S10A. [tab_hsd_cont_2013]. Proportion Ae. aegypti Positive Containers (PrPC), 2013. Model estimates by circuit and treatment sector. Horizontal line separates treatment sectors; significance groups (Tukey HSD) compare among all rows. No container surveys were conducted during spraying. See also Fig. S5.

Circuit	Weeks	Sector	nObs	Group	Est	SE	95% CI
C1	01-04	Buffer	638	abc	0.05	0.01	0.033-0.066
C4	07 - 12	Buffer	606	ab	0.04	0.01	0.026 - 0.057
C7	22 - 27	Buffer	514	с	0.07	0.01	0.053 - 0.098
C8	29-33	Buffer	629	a	0.03	0.00	0.019 - 0.048
C9	41-44	Buffer	564	a	0.02	0.00	0.013- 0.040
C1	01-04	Spray	649	abc	0.04	0.01	0.031-0.061
C4	07 - 12	Spray	710	ab	0.04	0.00	0.026 - 0.053
C7	22 - 27	Spray	613	bc	0.06	0.01	0.044 - 0.082
C8	29-33	Spray	621	ab	0.03	0.01	0.022 - 0.053
C9	41-44	Spray	551	abc	0.04	0.01	0.027-0.063

Table S10B. [tab_hsd_cont_2014]. Proportion Ae. aegypti Positive Containers (PrPC), 2014. See Table S10A for details.

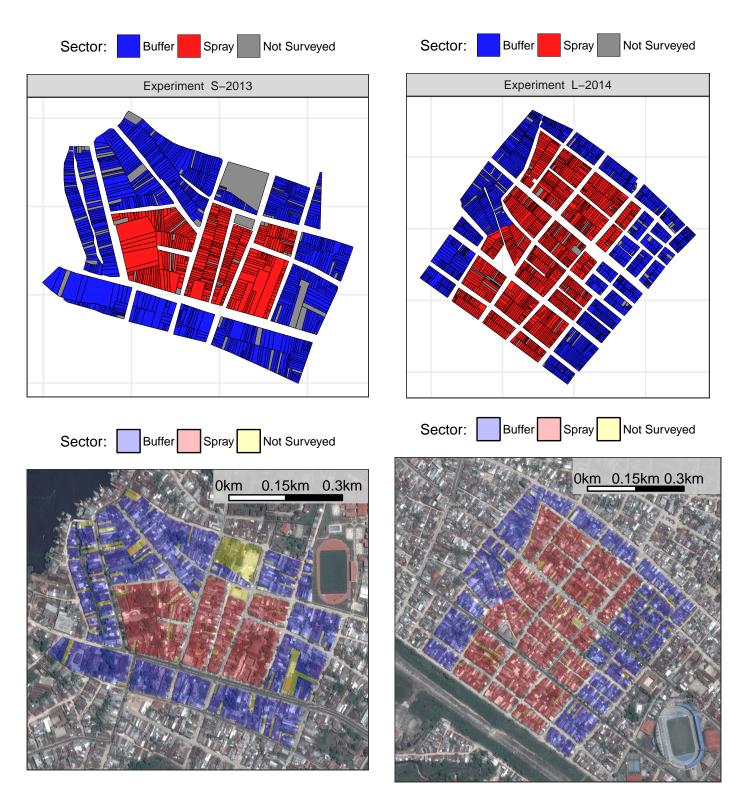


Figure S6. [map_base]. Maps of experimental areas, showing satellite imagery. Note the scale differs between experiments. See also Fig. 1.

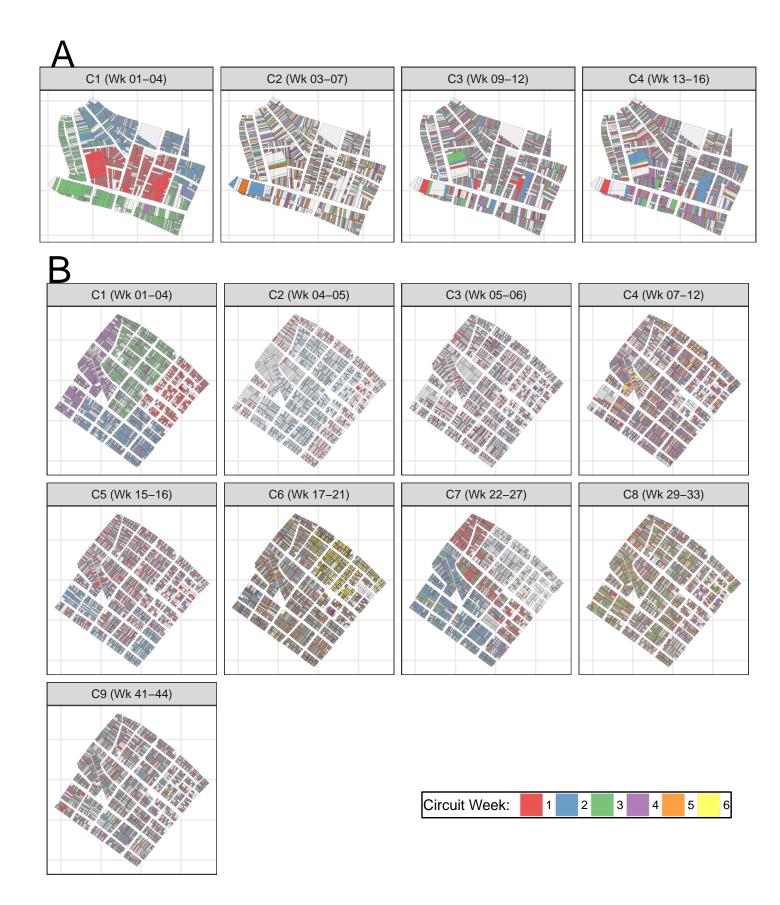


Figure S7. [map_week]. Map showing survey locations by circuit (panel) and week within circuit (color). A: S-2013. B: L-2014.

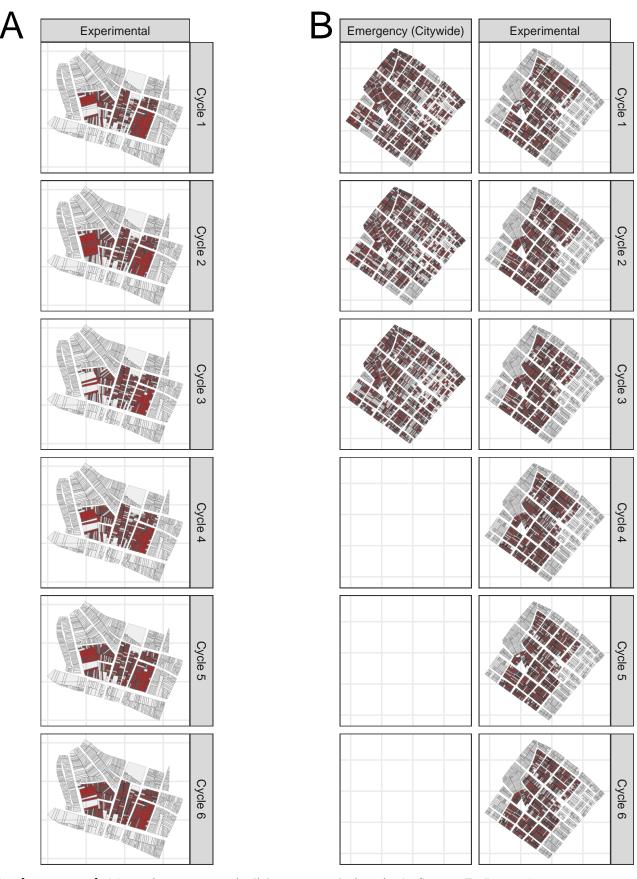


Figure S8. [map_spray]. Maps of spray events (red) by spray cycle (rows). A: S-2013. B: During L-2014, 3 cycles of emergency citywide spraying were conducted, in addition to experimental spraying. Note the map scale differs between A and B. See also Fig. 1. S15